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BULLETIN

OF THE

AMERICAN COLLEGE of SURGEONS

VOL. X JULY, 1926 NO. 3

DEDICATION AND INAUGURATION

OF THE

JOHN B. MURPHY MEMORIAL

PUBLISHED QUARTERLY BY THE
AMERICAN COLLEGE OF SURGEONS
40 EAST ERIE STREET :: :: CHICAGO

STORAGE

Entered as Second Class Matter, May 15th, 1925, at the Post Office at Chicago, Illinois, under the Act of August 24, 1912. Accepted for mailing at the special rate of postage provided for in Section 1103, Act of October 3, 1917, authorized May 27, 1925.

John B. Trumpler

AMERICAN COLLEGE OF SURGEONS

DEDICATION AND INAUGURATION OF THE JOHN B. MURPHY MEMORIAL

THE completion of the Murphy Memorial marks an epoch in the history of the American College of Surgeons. Two evenings, June 10 and 11, were occupied with its dedication and inauguration. The first evening was under the supervision of the John B. Murphy Memorial Association, with Mr. Leroy A. Goddard, the president of the association, as presiding officer. The ceremony was begun by a procession to the platform of officers of the Murphy Memorial Association and the American College of Surgeons, and distinguished guests, preceded by the bearer of the Mace, symbol of authority of the College. Following the playing of "the national anthem," the invocation was pronounced by the Reverend William H. Agnew, S.J., president of Loyola University, as follows:

> "Almighty and Everlasting God, Omnipotent Author and Benignant Owner of the universe, recognizable as such with scientific certainty by the human intellect that fairly views the world and honestly traces back phenomena to their adequate and ultimate origins, we are assembled here this evening to dedicate to the service of humanity a new instrumentality of mercy and enlightenment in memory of one who always believed in Thee, and worked always in Thy Holy Name. Grant that those who are to administer this noble institute may always reckon themselves as the stewards and dispensers of Thy bounty and the responsible agents of Thy mercy. Grant that those who will study and labor within these walls for the betterment of human kind may always be mindful of Thy warning and Thy charge: 'Whatsoever you do to the least of my brethren, you do to me.' Likewise we pray Thee, give to those who will write and deliberate within these halls the gifts of wisdom, sure knowledge, honesty and loyalty; wisdom, knowledge, honesty and loyalty that will make them the beneficent dispensers of truth, and the safe guides of genuine research, and that will save them from the blasphemous stupidity of invoking the very evidences of Thy handiwork in disproof of Thy existence and in destruction of man's highest dignity and supremest hope, which are that we are Thy children and the heirs of an eternal destiny. Amen."

The John B. Murphy Memorial building was formally presented to the American College of Surgeons by the president of the Murphy Memorial Association and was accepted in behalf of the College by its president, Dr. Rudolph Matas.[1]

Because of the fame of Doctor Murphy and the recognition of the importance of the work being carried on by the College, of which Doctor Murphy was a founder and Regent, the civic and educational organizations in the city of Chicago were represented, and there were present to participate in the ceremony many famous surgeons of the United States and Canada. To those who cooperated in making possible the Murphy Memorial, the presiding officer expressed the appreciation of the Memorial Association as follows:

> "Before introducing the speaker of the evening I desire to give expression of our appreciation to the many units that have co-operated with us for the success of these exercises. We have here representatives from the following educational institutions: Northwestern University, University of Wisconsin, University of Illinois, Notre Dame University, University of Michigan, University of Chicago, and St. Ignatius College. Doctor Murphy was directly associated with or received honors from all these institutions. We are honored by representatives from the State, County and City Governments. We appreciate especially the presence of so many of the County Commissioners, and several of the members of the Mayor's cabinet. In this connection I mention also with much pleasure the following clubs of Chicago: Chicago, Chicago Woman's, City, Fortnightly, Industrial, Kiwanis, Rotary, and the Union League. The last named Club appointed fifty-three

[1] Addresses appear in full in following pages.

delegates, and its president, Harry Eugene Kelly, is attorney for the Chicago Medical Society. The Chicago Association of Commerce, one of our most influential supporters, appointed thirty-four delegates. Its president, Mr. William R. Dawes, one of the busiest of business men, is here heading this delegation. It has a companion in the Illinois Manufacturers Association, whose long time secretary and successful pusher, Mr. John M. Glenn, is here with its representatives. Mr. Glenn has proved one of the most useful members of the executive board of our association. I mention also the presence of representatives from the Chicago Bar Association and the Ohio Society. Time will not permit more than the mere mention, though just as important and just as fully appreciated, that we are favored with delegates from ten medical societies and from all the leading hospitals in Chicago."

In introducing Dr. William J. Mayo, the principal speaker of the evening, the President said:

"I know it is a delight to you all to have this opportunity to listen to one of the most interesting men of this period, and one whose name and reputation are internationally known. Many of us heard the splendid address that he delivered at the laying of the cornerstone of this building. He has graciously favored us again with his presence. I present our neighbor from the West, the distinguished surgeon, Dr. William J. Mayo, of Rochester, Minnesota."

Dr. Mayo spoke on "The John B. Murphy Memorial, the Atheneum of Surgery."[1]

The ceremony was brought to a close by the playing of the "Star Spangled Banner," and an informal reception for the audience, among whom were the daughters of Doctor Murphy.

THE inauguration of the Memorial by the American College of Surgeons took place on the second evening, Friday, June 11, with the president of the College, Dr. Rudolph Matas, as the presiding officer. A formal procession of the officers of the Memorial Association and the College, distinguished guests, and Fellows of the College in the academic gown and cap, headed by the Mace bearer in the uniform of the United States Army, opened the meeting. The orchestra rendered the national anthem, whereupon the following invocation was pronounced by the Reverend Duncan H. Browne, S.T.D., rector of St. James Church:

"In Thy presence, our Father, we stand tonight to dedicate this temple to the pursuits of scientific research in medicine and surgery. The building bears the name of one who gave himself without stint to the service of mankind—John Benjamin Murphy—devoted husband and father—faithful friend—loyal and patriotic citizen—a teacher with a keen insight into the truth—a skillful minister to the relief of the diseases and ailments of human kind.

"May this building ever stand as the symbol of all that is best and noblest in the practice and profession of medicine and surgery! May it inspire to break down prejudice and ignorance by the clear rays of truth and knowledge. May its ideal to serve God and minister to the needs of humanity ever remain the foundation stone upon which it is built and its ideals maintained. In that light shall we see light. In so dedicating this temple of light we bespeak the divine guidance and the blessing of Him who taught that inasmuch as we do it unto those least we do it unto Him—our Lord and our Saviour Jesus Christ. Amen."

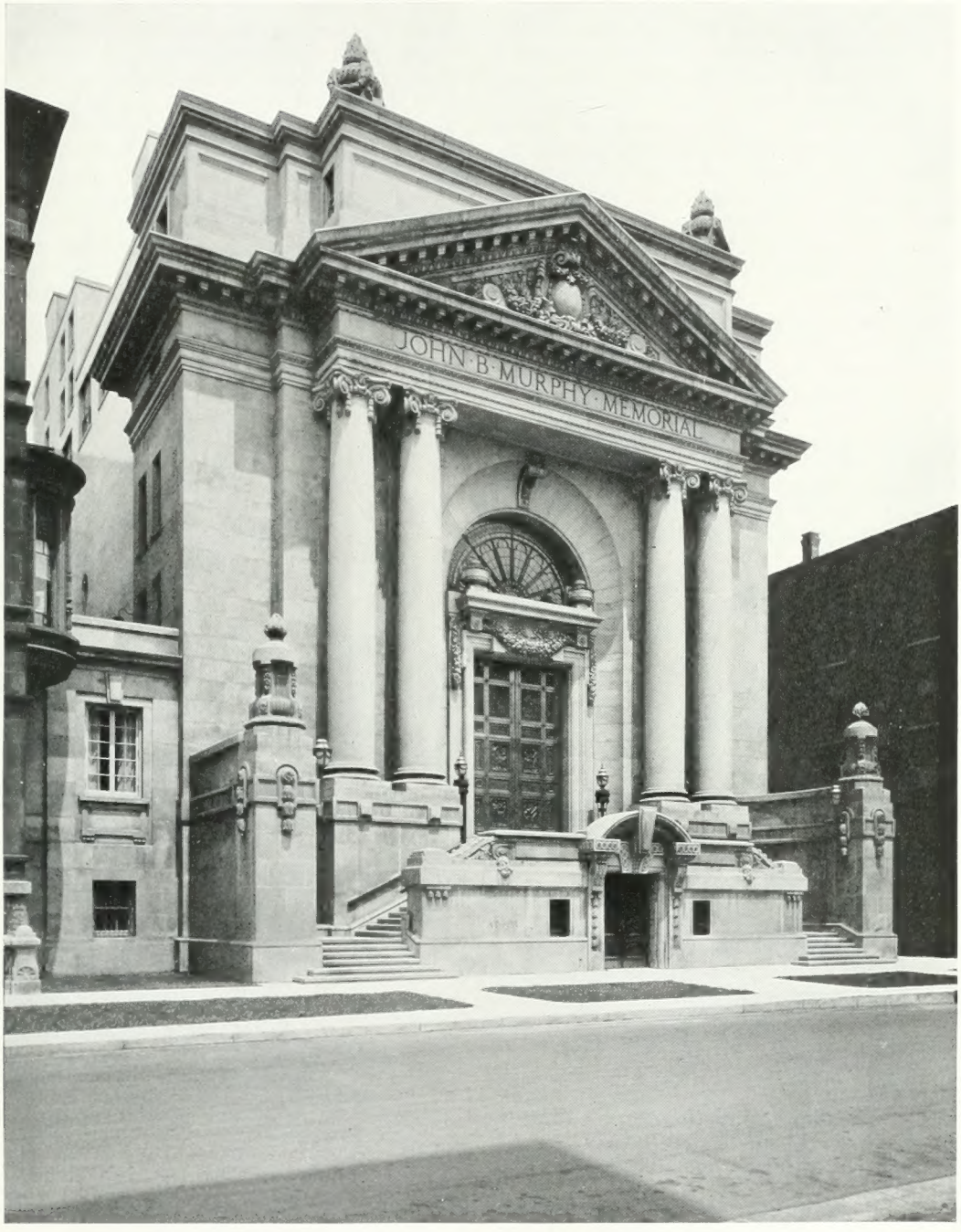
The President's introductory remarks follow:

"The Fellows of the American College of Surgeons who represent the thought and aspirations of the surgeons of America, have assembled here tonight to voice, through the utterances of their most distinguished leaders, the sentiments of gratitude that animate the College in accepting the noble edifice that the relatives, friends, and admiring colleagues of Doctor Murphy have dedicated to his memory and to the service of surgery.

"In grateful recognition of the generous motives that have prompted the John B. Murphy Memorial Association to transfer this monumental testimonial of their love and admiration for the great surgeon, whose name it bears, to the permanent care and custody of the American College of Surgeons, the College will now celebrate the first public session held under its auspices in this memorial hall. Availing themselves of this memorable opportunity, the speakers who will address you will confirm their faith in the purposes and ideals of the College and renew fidelity to its pledges and to the fulfillment of its obligations.

"Doctor Murphy's life and labors in their relation to the American College of Surgeons and to the progress of the science and art of surgery as developed in America, have been

[1] Addresses appear in full in following pages.



John B. Murphy Memorial.

told in a way that is too fresh in your memory of last evening's proceedings to require, at this moment, more than an added word to emphasize the service that he rendered in exalting and glorifying surgery by his teachings and example. It is in the prosecution of his high aims and ideals through the instrumentality of this priceless possession that the College will render the most faithful tribute to his memory.

"It is to the further expansion of the altruistic purposes of this organization in serving the highest interests of humanity through the ever growing, ever changing, ever advancing, and ever conquering forces of modern scientific medicine, that the proceedings of this session will be formally consecrated.

"In calling for the first number on the program we are happy to recall that there is no one in our guild who lived closer to the thoughts of the great master and who sympathized more respondingly to the noble spirit that animated him, or who promoted and gave form to his aspirations and ideals, than the friend and colleague whose genius for organization and leadership has given life and movement to the great enterprise that we now visualize in the mission and functions of the American College of Surgeons. To renew the pleasure that it gives us to acknowledge the unpayable debt that we owe to the originator and organizer of our association, I am now happy to present the Commanding General of our Army as the best fitted to initiate the proceedings of the evening,—Dr. Franklin H. Martin."

Dr. Martin spoke on "John Benjamin Murphy—Citizen and Surgeon."[1]

Dr. George W. Crile, of Cleveland, whose subject was "The American College of Surgeons"[1] was introduced by the President, who said:

"Throughout the fourteen years that have elapsed since the foundation of the American College of Surgeons, a great surgeon and a great personality in American surgery has stood by the helm of this institution and brought to bear upon its administration all the light that his gifted intelligence and the incalculable wealth of his scientific knowledge could give to the guidance and support of its aims and functions. I have the honor to present to you one of the greatest assets of the American College of Surgeons and one of the outstanding, most original and prolific contributors to the progress and prestige of American surgery—Dr. George W. Crile."

[1] Addresses appear in full in following pages.

At this stage, the proceedings were agreeably interrupted by the entrance of Dr. Charles H. Mayo whose presence on the platform was the signal for a general outburst of applause. After responding in fitting terms to the warm welcome accorded him, Dr. Mayo proceeded, in behalf of the College, to present to Mr. Walter E. Carr a specially designed and engraved testimonial in parchment, attesting to the thanks and grateful appreciation of the College for his invaluable service in financing and erecting the Murphy Memorial. Mr. Carr did not spare time, thought, or labor in completing his task but worked with zeal and enthusiasm solely for the love of the cause and without thought of pecuniary compensation. Dr. Mayo's remarks follow:

"My present task is a most agreeable one. While we are here assembled to dedicate this beautiful memorial building, erected to the memory of that great surgeon and teacher, John B. Murphy, for the advancement of medical science, it is most fitting that we, at this time, acknowledge the work of Mr. Walter E. Carr in making our vision come true. The members of the Board of Regents, now that the construction details are over, appreciate the magnitude of the work and the importance of the detail which was the burden of Mr. Carr rather than the Board. We have appreciated his contagious optimism and enthusiasm at all times no matter how arduous were his duties.

"I now present to Mr. Carr on behalf of the members of the Board of Regents this record of their appreciation which states:

TO WALTER E. CARR

in recognition of his unselfish devotion, his persistent endeavor, and his untiring service in aiding and establishing the monumental

JOHN B. MURPHY MEMORIAL BUILDING

which commemorates one of the world's greatest surgeons, the Board of Regents of the American College of Surgeons has delegated us to express the thanks of the College, and has authorized us to place upon the walls of the Murphy Memorial a tablet attesting for all time this appreciation. In Witness Whereof, we have caused the Common Seal of the American College of Surgeons to be hereunto affixed this tenth day of June, Nineteen Hundred and Twenty-six.

(signed) RUDOLPH MATAS, *President*
(signed) FRANKLIN H. MARTIN, *Director-General*

In responding, Mr. Carr said:

"I can assure you it is not necessary for me to state that I am taken entirely by surprise, but I most deeply appreciate the great

honor that has been conferred upon me. And in your own more than kind words, Dr. Mayo, you have not lived up to your reputation for conservatism, but have readily exaggerated whatever it may have been my good fortune to have accomplished in connection with the work to which you have referred. To be associated in any way with the very distinguished men who comprise the Board of Regents of the American College of Surgeons is an honor, a very unusual honor, and most especially for a business man. So far as the work is concerned, it was not difficult, but was a pleasure throughout on account of the object—a memorial to Dr. John B. Murphy, and on account of the dignity of the work of the American College of Surgeons."

"Surgeons of America"[1] was the title of the presentation by Dr. W. W. Chipman, of Montreal, president-elect of the College, whose introduction by the President follows:

"One of the greatest aims of the American College of Surgeons has been to promote international relations and to foster the spirit of brotherhood among the men of our profession. From the very beginning of this institution it recognized no frontiers between the Dominion of Canada and the United States. The deeply rooted sympathies of race, language, and tradition have inseparably interlocked the professional interests of the Canadian profession and our own, and have fused these into a common mold. Ever since our foundation, the surgeons of Canada and of this country have moved together as a solid phalanx in the most perfect unity of purpose, sentiment, and action. Our administrative and executive offices are shared alike in a common Fellowship, and we glory in the achievements of the great Canadian leaders who have contributed so largely, so freely and so effectively, to the cause of our organization. Of this number, no one is better fitted to represent the loyalty and the service of the Canadian profession in aiding this College to the attainment of its mission than the distinguished leader, now our president-elect, whom I have the honor to present—Dr. Walter W. Chipman, of Montreal."

In presenting the last speaker of the evening, the President said:

"If there is merit in a life of service devoted to the unalloyed love of his profession and to the promotion of every movement that could tend to elevate and dignify it by the force of example, I know of none greater than the life and labors of the distinguished gentleman who is here as the representative of the medical culture of the greatest metropolis of the world. Thrice president of the New York Academy of Medicine, one of the ablest, most eloquent, and most inspiring masters of that center of medical learning—a plumed knight of our profession and one of the best loved members of our guild—Dr. George David Stewart, of New York."

Dr. Stewart spoke on "Three Decades in Surgery."[1]

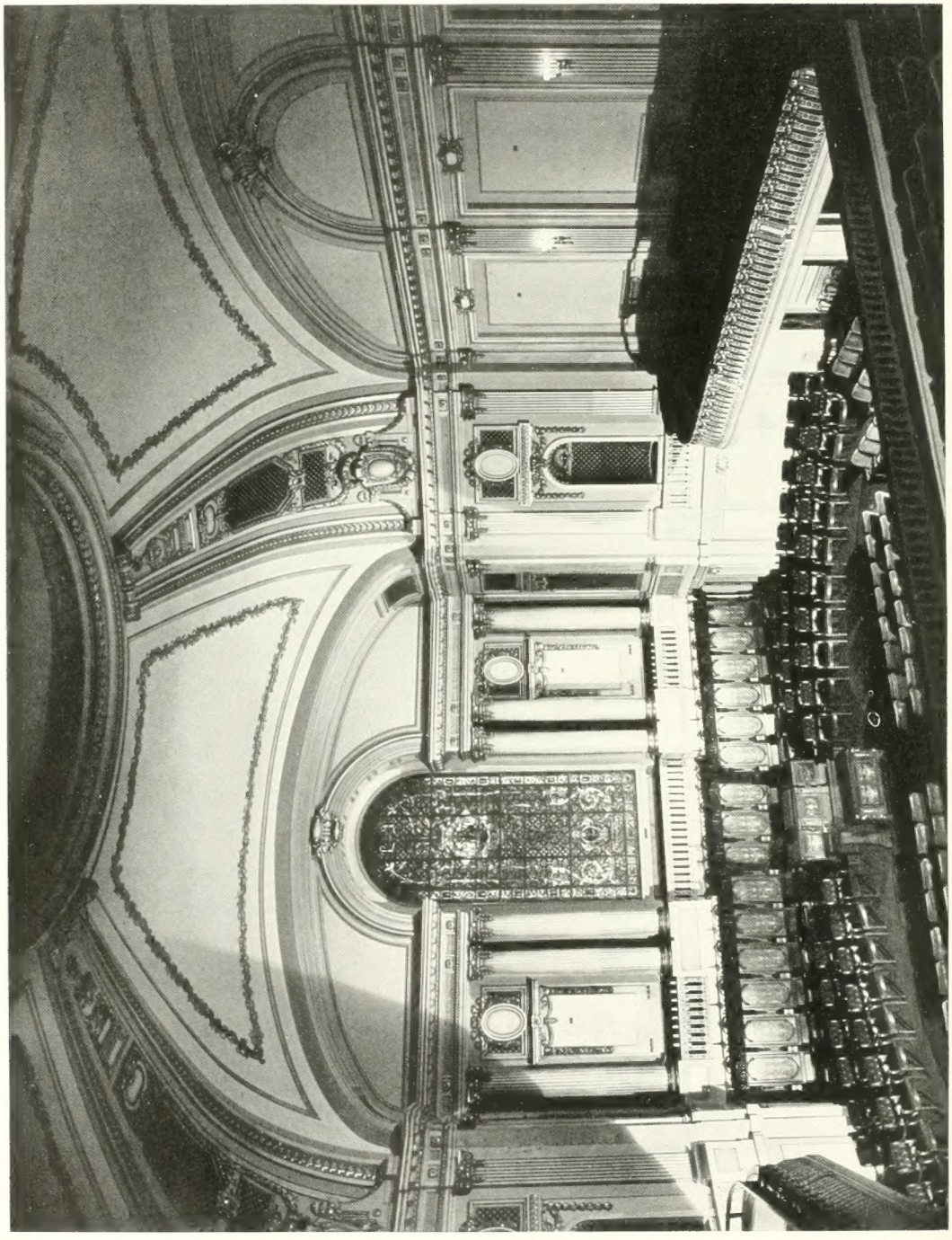
With the playing of the "Star Spangled Banner" and an informal reception, the ceremonies drew to a close.

[1] Addresses appear in full in following pages.

DESCRIPTION OF THE MURPHY MEMORIAL BUILDING

The John B. Murphy Memorial Building is a monumental structure built of fireproof materials, faced with Bedford stone. It follows in design the French Renaissance period of architectural development and the exterior design was inspired by the Memorial Building in Paris. The building is set back somewhat from the street to set off the beautiful architectural motifs of the façade in the best way. The façade is featured by a pair of exceptionally designed and modeled bronze doors by Tiffany, presented by Mr. Edward L. Doheny as a tribute to Dr. Norman Bridge, who was a lifelong friend and a man of high repute in the medical profession. The bronze doors contain panels setting forth historic incidents and lives marking the various great steps of advancement in the history of medicine. These panels represent: Æsculapius, the god of medicine; Pasteur, a founder of scientific medicine; Osler, a great clinician; Lister, the father of modern surgery; McDowell, an American pathfinder in surgery; Gorgas, a world sanitarian. These bronze doors are at the top of an imposing flight of double stairs leading to the main floor of the building.

The main floor is taken up with the Memorial Hall. This auditorium is also French Renaissance in architectural treatment and is exceptionally impressive in its proportions with its high vaulted and ornamented ceiling. The color scheme of the room is ivory accented with gold. Blue is used in the draperies, floor covering and upholstering. An outstanding feature in the auditorium is the memorial stained glass window, directly opposite the main entrance and back of the platform, donated by Mr. C. H. Matthiessen, and executed by the Willet Company, of Philadelphia. This



Interior of Auditorium Showing Stained Glass Window.

stained glass window ties in beautifully with the color scheme of the room and has the feature of the seal of the American College of Surgeons. Below the stained glass window, the stage is largely treated with carved walnut paneling of exceptional merit and incorporates the seats for the Board of Regents and their president. A pipe organ is now being installed in the Memorial Hall. The interior of this room has been designed with the thought in mind to arrange as many spaces as possible for the installation of memorial paintings, tablets, busts, statues, etc., and still in no way to interfere with the impressive architectural treatment of the room. The main floor and balcony seat about 1,000 people. This auditorium is flanked on the south and west by a very impressively treated foyer carried out in the same architectural style as the auditorium, with numerous wall spaces and alcoves provided for memorial treatments.

The building contains on the ground floor a lecture hall with necessary foyers, having seating capacity of about 250. This assembly room and the larger auditorium will be open to gatherings of medical and other scientific societies. There is an additional room which is available for the beginning of the Clinical Research Department and Medical Museum of the American College of Surgeons.

The top floor of the building contains accommodations for literary research work with adequate library stack space and reading rooms.

SUMMARY

A brief review of the Murphy Memorial, from its inception to its completion, is given herewith:

The death of John B. Murphy on August 11, 1916, created among laymen and the medical profession a spontaneous demand that a suitable memorial be erected to commemorate his distinguished services to humanity and to the science and art of surgery. This demand was so imperative that a number of Dr. Murphy's friends considered it desirable to incorporate an association that could legally investigate the many plans suggested and crystallize these efforts in a way to obtain dignified and permanent results. Among the many plans for a memorial that fulfilled the ideals of the incorporators of the Association, one was paramount, namely that the memorial take the form of the John B. Murphy Memorial of the American College of Surgeons, as Dr. Murphy was a founder and the first chief of the editorial staff of SURGERY, GYNECOLOGY AND OBSTETRICS, now the official journal of the College; an organizer of the Clinical Congress of Surgeons of North America; and a founder and member of the Board of Regents of the American College of Surgeons, and in the activities of each of these organizations he was actively and earnestly interested. It was realized that such an affiliation assured permanency and that the memorial would become a living power for the advancement of surgery along scientific and moral lines and in form and use present an appeal to the people of Chicago and the continent that would satisfy them that their monument would perform a service that would be of benefit for all time to all people.

The entrance of our country into the great War scattered the incorporators and caused a temporary cessation of the activities of the Association. In the early months of 1920 the plan of providing a memorial was revived and the Association was reorganized as follows:

Officers: Leroy A. Goddard, president; Charles H. Wacker, treasurer; W. A. Evans, secretary.

Board of Directors: Walter E. Carr; W. A. Evans; Leroy A. Goddard; Edward N. Hurley; James E. Keefe, and Franklin H. Martin.

Building Committee: Albert J. Ochsner, chairman; Franklin H. Martin; Edward N. Hurley; W. A. Evans, and Walter E. Carr.

Executive Board: Edward Hines, chairman; Norman Bridge; Walter E. Carr; Edward F. Carry; Edward I. Cudahy; Charles G. Dawes; W. A. Evans; Samuel M. Felton; John M. Glenn; Leroy A. Goddard; John F. Golden; Edward N. Hurley; Samuel Insull; James E. Keefe; Franklin H. Martin; William J. Mayo; John J. Mitchell; Fred W. Upham; William Wrigley, Jr.

The moneys for the erection of the Memorial, contributed by physicians and surgeons and friends of Dr. Murphy, were assembled by the John B. Murphy Memorial Association. The construction of the building was begun, and the corner stone laid, with appropriate ceremony, on October 23, 1923. The dedication and inauguration, which marked the completion of the building, occurred on June 10 and 11, 1926.

Those who lived with Dr. Murphy—his contemporaries, his friends—appreciated him and sought to demonstrate their love by erecting to his memory a monument which, in the words of Dr. W. J. Mayo uttered at the laying of the corner stone: "is a fitting monument to the greatest surgeon of his day, John B. Murphy, one of the founders of the College, who gave unsparingly of his strength and talents to aid in the establishment of the organization, and whose noble spirit will always sanctify this ground."

Dr. Norman Bridge Memorial Bronze Doors.

PRESENTATION OF THE JOHN B. MURPHY MEMORIAL BUILDING TO THE AMERICAN COLLEGE OF SURGEONS, JUNE 10, 1920

By LEROY A. GODDARD, Chicago
President, John B. Murphy Memorial Association

WE have invited you here tonight to show you what has been done as a grateful tribute to the memory of Doctor Murphy.

I do not believe that there is any virtue in the human heart greater or brighter than gratitude. Much that we enjoy in our lives, not only of material things, but an endless measure of discoveries, developments, and unfoldments more durable than material things, have been prepared for us by those who have gone before. The debt of gratitude carries the same living obligation to those who have contributed to the sum of human achievements and have passed behind the veil as it does to those who are living and walking among us and the debt is just as great. It comes more natural oftentimes to show our appreciation to the living, for in so doing there may be selfish hope of further gain; but tributes to those who have passed on, and almost a decade ago, are without hope of future favors; consequently they are true and unselfish.

This memorial was well earned by Doctor Murphy and is the result of insistent demands from so many sources by those who knew his worth. Many of us who claimed his friendship socially did not fully realize before his passing what a force and of what great value he was to the medical profession, not only in the United States but in other countries of the world. He was not gifted in featuring himself in his conversation, in fact he was very modest. On the other hand his contributions to the surgical literature constitute almost a library in themselves. Tributes that have come from all sections of the world show that he was known by his works. Sir Berkeley Moynihan, the outstanding surgeon of England, expressed in a most polished classic memorial oration delivered in Montreal, his thoughts regarding Doctor Murphy, and I am using his exact words: "Murphy was beyond question the greatest clinical teacher of his day. No one who listened to him can ever forget the experience. . . . No one could bear to miss a word and while Murphy spoke no man left his seat."

We are justly proud of this structure, it should invoke the civic pride of every citizen of Chicago, and we want you to look it over before you leave. It may be information to you to know that there is not today in existence in any country a like monumental fabric that measures up to this one, especially in artistic beauty. This is a strong statement and I am going to make another almost as strong. The presentation of this building to the American College of Surgeons and its acceptance and dedication by that organization marks an important epoch in the history of Chicago. None of us can realize or form any kind of estimation of the far reaching and substantial value that this memorial will continue to be year after year in the future of our city. It establishes Chicago as the permanent headquarters of the American College of Surgeons, the leading association of surgeons in the Western Hemisphere and perhaps in the world. It will be the central meeting place of the surgical profession of the Western Hemisphere. Yes, and more, it will be open to all ethical medical and other scientific societies. Bear in mind, too, that the conditions of acceptance of this trust give assurance that it will be perpetuated for the purpose for which the building has been erected.

The American College of Surgeons is not exclusively a college proper, it is an organization devoted to the advancement of the art and science of modern surgery, as will be better told at the exercises of dedication here tomorrow evening. Doctor Murphy was a former president and one of the founders of the College, and was always intensely interested in its activities.

I know it is risky to mention names in connection with an undertaking of this nature, but I will venture to give expression of appreciation to Mr. Charles H. Wacker, whose name stands for so much in this community. As treasurer of the organization his name was all the assurance that the public needed that the funds would be properly handled. The association, too, was most fortunate in securing the services of Mr. W. E. Carr. While his title was that of secretary, he worked incessantly and effectively in every way to make this undertaking a success. Certainly too much praise cannot be given the members of the building committee: I mention especially Doctors Franklin H. Martin, William A. Evans, and the late Doctor Albert J. Ochsner, all busy men having their own affairs which demanded their attention, but they did not hesitate to give their time and help throughout every stage of the work.

While they necessarily had innumerable demands upon their time, yet, they patiently and successfully met the numerous problems that are always incident to such an undertaking.

It is a pleasure for me to express sincere gratitude to Marshall and Fox, the architects, not only for their extra care in every detail but also for generous contributions, and to Zander, Reum & Company, the plaster contractors, for their extremely satisfactory work. Much credit is due for timely and valuable help to such men as E. L. Doheny, C. H. Matthiessen, Edward N. Hurley, Edward Hines, and of blessed memory, the late Dr. Norman Bridge.

And now I feel wholly incapable of giving fitting expression to what should be said next. I wish that words would come to me that would give voice in the delicate loving terms that are demanded for what has been done by Mrs. Murphy and by the three daughters. It was Mrs. Murphy who made this memorial possible by making provision for a donation toward it of $100,000 contingent upon the raising of $400,000 more. It was planned that the raising of this $400,000 be divided into two parts; one-half to be assumed by the members of the medical profession and an appeal to be made to the public for the other half. Running true to form and to the spirit of the times it was discovered as the building progressed that a great deal more would be required to complete it as it should be than was originally planned. Doctor Murphy entered into rest in August, 1916, and Mrs. Murphy joined him in July, 1921. Considering this lapse of time and also that so many drives were and are being made for charity, for hospitals, for educational purposes and other causes of merit conducted by large organizations and by influential groups, it did seem we had reached the point when there was no further room for us in the Inn. This condition, however, was known only to the insiders, so to speak, and to the contractors. It was finally decided that the discouraging situation of the large deficit that appeared inevitable, should be made known to the three daughters of Doctor and Mrs. Murphy. It was hoped that they might supply as much perhaps as one-half of the amount required, and thereby inspire renewed energy to raise the balance. The daughters took the matter under advisement, but not for very long, and replied that they would not pay one-half of the balance; that they were not unmindful of the value of this tribute to their father and of its importance to this community in which their father had succeeded and where his friends were legion. They modestly and cheerfully stated that they would pay it all.

And now, the undertaking of the John B. Murphy Memorial Association is finished. As a corporation it will cease to exist leaving a successful history with every page a clean record. Here is the building and it is paid for. May it stand for ages as a valuable asset to the American College of Surgeons and the city of Chicago, and a testimonial of the love that we all carry for the memory of Dr. Murphy, which we will continue to cherish until the last note of time is sounded in our own lives.

On behalf of the Association it is a real delight to place this building into the custody of the American College of Surgeons, with the request that its president, Dr. Rudolph Matas, who is here from New Orleans, formally accept the trust.

THE ACCEPTANCE

By RUDOLPH MATAS, M.D., F.A.C.S., New Orleans, Louisiana
President, American College of Surgeons

THIS is a glorious day in the History of the American College of Surgeons; glorious in the realization of a cherished dream and more glorious in anticipation of the future service to humanity that this temple, dedicated to the cult of Surgery, offers to the faithful devotees of her Science and of her Art. It is a day of supreme joy to the thousands who lived close to the radiant soul of John B. Murphy and who loved him for what he taught and what he did for them and for the welfare of his fellows. They are happy to know that his precepts, his teachings and example are to be perpetuated in this incomparable monument to his greatness. It is a proud day for this great city of Chicago, the home and theater of the master's greatest triumphs, when, in honoring him as one of the foremost and most brilliant of her sons, she has exalted her conception of the beautiful by adding this matchless gem of architectural beauty to the crown of her choicest civic possessions.

Love, gratitude, and reverence for the dead have expended incalculable sums of money to perpetuate the memory of those most loved and most distinguished, on costly tombs, mausoleums, and monuments. Many of these have crumbled into dust, many have lost with time their significance and many have ministered chiefly to family vanity. Whether the money expended on such personal memorials has yielded an adequate or best return is questionable.

With greater enlightenment and the development of education which is the nursery of civilization, of learning, and of wealth, an increasing number of men and women have become convinced that the memory of the dead can be best preserved by a memorial building devoted to the welfare, not only of contemporaries, but also of endless generations of posterity.

Hence, numerous memorial buildings, alive with hope, faith, and charity, have risen throughout our country, consecrated either to the relief of suffering or to the cultivation of knowledge whereby suffering is best alleviated and mankind's welfare is best promoted.

This great city, the capital of northwestern civilization in the United States and a luminous center of medical thought, has been blessed with innumerable memorial buildings of this character. Many thousands of people have been and many more thousands of its people will be thereby rescued from sickness, destitution, and ignorance, and these many thousands will cherish in grateful memory the dead, whose good deeds still live, "where lifeless hands continue daily to distribute to the needy inestimable benefits, such as no chilling, barren, creation of uninhabited masonry can ever emulate." As numerous and valuable as have long been the donations to education, it is only in the last half century that a growing, but yet relatively small, number of philanthropists have manifested adequate appreciation of the incalculable benefits to humanity of medical knowledge and the need of fostering and developing the spirit of investigation and research in every department of knowledge that can lend greater power and certainty to medicine in its eternal warfare against disease and death.

In this way, universities, institutes, hospitals, laboratories, schools, and professorial chairs have been and are being endowed by individual or public philanthropy which are expanding the horizon of medicine through the civilized world; but in none with more initiative, munificence and vast breadth of purpose than is displayed by the enlightened and generous givers of this God-favored land of ours.

In expression of the same thoughts and purposes, we are assembled here today to dedicate a noble edifice to the service of Surgery and in doing this to commemorate the life and labors of one of her most honored apostles. This memorial, unique in its kind and unsurpassed in its beneficent intent, owes its existence to the communion of many souls which, united by a bond of common sympathy, have touched the magic spring that has given their affections this material form.

The hearts filled with love for the adored husband and father, and for the trusted friend; the hearts of the sufferers filled with gratitude for the life saved and the happiness restored by the master's hand; the hearts of the surgeons of America still thrilled and throbbing in remembrance of the vibrant voice of their dead, but ever-inspiring leader; the hearts of a great people overflowing with pride and emotion in the achievements of their world-renowned fellow citizen—all these diverse elements have come together and brought their contributions as votive offerings on the

altar of their affections and, in this way, the miracle of beauty that we now contemplate has come to pass.

The name of John Benjamin Murphy is now linked for all time with the American College of Surgeons, not only by the name inscribed in the façade of this Memorial but by the indelible imprint that his creative mind and stirring personality have left in the history of this organization as one of its prime movers and founders.

I am not here to pronounce a eulogy on Dr. Murphy, or to review his achievements as a surgeon, investigator, a teacher, or as a man. This task has been assigned to others who have far greater claims to this privilege, but it is appropriate, I believe, that I should give some account of his relations to the American College of Surgeons and to the profound influence that he exercised upon its course and policies throughout its existence and as long as he lived.

The American College of Surgeons as the exponent of the most authorized opinions of the surgical profession of this country was called into existence, nearly fourteen years ago, to meet a demand for improvement and reform in the conditions under which surgery was being practiced and which had led to evils that were threatening the good name and the progress of Surgery. Incompetence, defective education, and inadequate technical preparation for the responsibilities of the surgeon, together with a widespread tendency to exploit the resources of the Art for sordid and unscrupulous motives, had bred a spirit of graft which was steadily undermining the high ideals of Hippocratic purity, honesty, and square dealing which have guided the conduct of medical men throughout the ages. The purpose and mission of the College were therefore to elevate the status of surgery, to estabish new standards of competence and character for the practitioner of surgery and to educate the public and the profession to understand that the practice of surgery calls for special training and educational qualifications that distinguish the practice and culture of surgery from a mere craft, and elevate it to a highly differentiated specialty of medicine. The College, in endeavoring to protect the public from the abuses of the unqualified, has had to establish definite standards of proficiency and of conduct. In order that the public may discriminate between the fit and the unfit, it has created a title which distinguishes the qualified professional surgeon from the amateur and the fake. This is what the title, *Fellow of the American College of Surgeons*, means to the medical profession and is intended to convey to the public mind. In its efforts to elevate the standards of the surgeon, the College has had to concentrate upon his environment—the hospital—as well as upon himself, and that is why the great movement for standardization and reform which embraces so large a part of the activities of this College, was primarily undertaken. It was evident that the purification of the surgical body so intimately linked with its environment for the proper exercise of its function could never be accomplished without the thorough cleansing of both.

In the discharge of its ethical and educational mission, which was its primary function, the College has not lost sight of other great problems within its province to study and develop, and, if possible, to solve.

In the origin of the College and in the promotion of its ideals of service, Dr. Murphy was one of its most ardent promoters and constant advocates. In at least four of the great enterprises in which the College has been engaged since its inception, Dr. Murphy was largely instrumental in bringing them to a successful accomplishment. Himself an unsurpassed master of the clinical, objective, or demonstrative method of teaching, he made possible—through his own enthusiasm and the influence of his great name—the launching of that colossal enterprise known as the Clinical Congress of Surgeons of North America, which had its beginning in Chicago in 1910 and has become one of the most important factors in developing the educational features of this College. In his presidential address at the Clinical Congress held in Boston, in October, 1915, only nine months before his untimely death, he had occasion to verify his prediction that the Clinical Congress would become one of the most useful and practical agencies for the development of surgery in this country. The privileges which the best organized and most effective surgical clinics of the great cities afforded the individual, by seeing the work of others and comparing it with his own, immediately gave the movement an impetus that has carried it everywhere in the Western continent. The scope of the clinical movement was made not only national but international, including all the countries of North America and by the invitation of the English surgeons it extended to the British Isles as shown by the attendance of over 1,000 American surgeons at the London Congress of 1914, who were led across the seas by Dr. Murphy as their president. The idea that he upheld was, that: "The teaching of surgery and medicine by living demonstration at clinical meetings should be international and world-wide if the best results for the improvement of all are to be obtained.

Through its multiple and varied clinics which bring the most accomplished masters in direct contact with the individual practitioner, the Congress creates an international fellowship and an interscientific relationship that could scarcely be obtained in any other way. It brings the surgeons of the United States, Canada, and other countries of North America into the closest relations. It emphasizes the doing of things rather than the telling. It distinguishes the practical man from the purely theoretic or academic."

In his eloquent pleading for higher standards of surgery he gave all the weight of his authority to the need of proper preparation for its practice, and stressed the point that anyone who would profess to be a surgeon should at least give proof of that study and highly specialized training required to assume its responsibilities, by fulfilling at least a minimum standard of requirements, such as those now exacted by this College of all who seek its fellowship.

In addition, he preached character, honesty, and moral worth as indispensable qualifications for the practice of conscientious and good surgery. In this he subscribed to the magnificent ideas that our first president, Dr. Finney, sought to inculcate with all the strength, purity, and courage that are his by right of example, as the bottom rock upon which the principles that guide this College should rest.

Dr. Murphy was among the first to stress the importance of extending the propaganda for reform in surgery to the hospitals, sanitaria, and other institutions which are inseparably interlocked with the surgeon's work—the surroundings that tell of the surgeon's ability and conduct. To this great movement, which has contributed so materially to the reputation of the College as an agency for service in the interest of the public welfare, he gave, in its formative period, the great benefit of his advocacy and support.

Again, Dr. Murphy's conception of service in elevating the standards of American surgery is well shown in the whole-hearted support that he gave to the journal, SURGERY, GYNECOLOGY AND OBSTETRICS and THE INTERNATIONAL ABSTRACT OF SURGERY. As the editor, Dr. Martin, has written, "Dr. Murphy was the underlying support of this publication, from the time of its inception to the day of his death. He was the inspiration for every move of merit that the journal has stood for and fathered. Dr. Murphy was one of the few who maintained at the first conception of the journal that it would succeed if it were comprehensive and served the needs of the surgeon, and, to this ideal he inseparably attached his program of personal energy and financial aid." Through the generous action of Dr. Martin, the editor and proprietor, SURGERY, GYNECOLOGY AND OBSTETRICS has become the official organ of the College. No one now questions the enormous benefits that this publication has brought to the literary culture, to the technical achievements and the prestige of American surgery in the twenty years of its existence. In its value as the literary arm of the College and as the recorder of the activities of American surgeons this journal today fulfills and surpasses all the predictions of Dr. Murphy, before the publication had come into existence and before he had become the chief of its editorial staff.

Much more could be told of Dr. Murphy's participation in fostering and developing the program of the College and in giving shape to its ideals, but this is scarcely needed to show his profound concern in the welfare of this institution—a concern which continued unabated to the end of his extraordinarily useful life.

One feature of his character which is indirectly related to the history and progress of the College is his loyalty and devotion to his life-long friend Dr. Martin, our Director General, whose fertile brain first conceived and gave tangible form to all three of the great triad of enterprises—the Journal, the Clinical Congress, and the College of Surgeons, which will remain for all time testimonials to his genius for organization and as perennial monuments to his vision and statesmanship.

In his presidential address at the Clinical Congress in Boston in 1915, in referring to the difficulties first encountered in organizing the Congress, Dr. Murphy said: "There was one man who had vision, who outlined the organization, who took up the task of its foundation. By the positiveness of his convictions, by his indefatigable zeal, by his indifference to rebuff and contumely, by a courage founded on the knowledge that he was working unselfishly for a great and good cause; by his fidelity to the medical profession and his confidence that the majority of its members would finally appreciate the true worth of the purposes of the organization, he succeeded in founding the Clinical Congress of Surgeons. He first inspired a few, and then gathered a larger number of representative men and convinced them that the opportunity was at hand and the material available. I refer to its founder and present secretary, Dr. Franklin H. Martin."

Well-nigh eleven years have gone by since Dr. Murphy's stirring voice was heard vibrating

in our meeting places, but the echoes linger and still continue to evoke the admiration of all those who knew him and who have been under the spell of his magnetic personality. Those of us who, following in the wake of his ideas and his precepts, and who are here to carry on the program that he helped to formulate for the future of this College, may well ask ourselves what we have accomplished in these years, what the College has done to justify his expectations, to confirm his faith in the future of this organization and in its ever-increasing capacity for usefulness.

Fortunately, the answer has been given in no uncertain or doubtful terms, not once, but every year that has passed since Dr. Murphy's untimely death. A glance at the thirteen stout volumes, steadily growing larger, year by year, and at the files of the quarterly bulletin, which are prepared under the editorship of our Director General, will show the progress of this organization in its march toward the attainment of its objectives. A glance at these, we believe, will suffice to satisfy the most inquisitive and inquisitorial, that the College has not been idle or lagged behind in the pursuit of the task set before it by its Founders.

The increasing Fellowship now approaching 8,000, the great and growing popularity of the Clinical Congress, the great value of our scientific sessions in bringing the latest products of the laboratory and of scientific research to the eye and ear of the surgical practitioner, the education of the people by the wide dissemination of knowledge pertaining to the conservation of health and to the prevention and cure of disease; these and more are the direct benefits that accrue to the profession and the public through the annual Congress and the many regional meetings that are held in every section of the country.

In the short life of this association it has succeeded, by combined efforts, in profoundly influencing two outstanding reforms in medicine which are unique and peculiar to our profession, to our period, and to our country. One of these is professional and the other ethical: first, hospital standardization, with the enormous benefits that have followed the survey of the hospitals of this country and Canada by the experts of the College. 1,564 hospitals have been standardized in accordance with the minimum requirements prescribed by the College for official recognition and approval. This movement is now definitely and justly credited to the American College of Surgeons. Second, the organized fight against fee splitting and other debasing practices is inseparably associated in the minds of the profession and of the public with the successful crusade against this and other immoralities that has been carried on by the College.

While the College has put the impress of its principles upon the profession and the hospitals of the continent, and the benefits to the public are growing every day more appreciable, the College has still a long road to travel before it can reach the goal of its ambition. Both of these movements are speeding along and steadily gaining momentum, and the day is fast approaching when the standards of the surgeon and the hospital based upon a scale of minimum requirements will have to be advanced to still higher and more searching tests in order that the College may attain the best results.

And now as to our ideals, how manifold and multiform they are! Even as they are now unfolded before us, they are not mere fancies, will o' the wisps, or "the stuff that dreams are made of," but practical, tangible, and reasonable expectations. In our endeavor to standardize the surgeon and the hospital we are marching onward with a clear and definite objective. The public now knows that it is our purpose that only men who have given proof of their competence by fulfilling the requirements of the College should be entitled to public recognition and trust, as surgeons. We also want the public to know that it is our purpose that only hospitals which have submitted to the test of standardization are entitled to their confidence. We know that this is a big bill to fill, but we are not sparing ourselves in the effort to meet it. We may never completely eradicate all the evils that beset us, but we can at least minimize them so that the unworthy shall stand isolated and exposed, naked in all their ugliness, before the public eye. But, after all, is not our life one long campaign in behalf of other people against ignorance and dirt, falsehood and disease? The task of the reformer is hard; the frailty of human nature and the fallibility of human judgment proverbial. But if all the moral and intellectual forces which are represented by this College are united in the accomplishment of the task that we have set before us, are our ideals unattainable?

But these are only a few of the many ideals that we are striving for. There is our bureau of Inter-American relations which is to continue to expand our fellowship in the Latin American republics and to spread the evangel of the universal brotherhood of man in the service of humanity. And again there is our department of literary research, our library, our museum, the Ochsner laboratory of clinical research, the offices of the committees in charge of the investigation of cancer and of that

malignant disease of bone—sarcoma— and where all the great surgical problems of today and tomorrow will be threshed. All this work, all these enterprises, have been well begun and have yielded most fruitful results. But beyond these there are still other activities and utilities awaiting our further study and action, as we advance and our endowment increases. With the everlasting change that is ceaselessly going on in the world of medical science, new ideals will arise to replace the vanished concepts of the past and of the present.

And finally, as we contemplate the architectural beauty of this Memorial and consider its destiny, we may see that it is plainly written that it will become the center of the organized activities of the surgical profession resident in the Western Hemisphere. We now recognize, with glad acclaim, that this living monument, built in recognition of the scientific service rendered to humanity by one of the greatest exponents of our Science and our Art, marks an epoch in the relations of the medical profession and the public. It testifies in mute but unmistakable terms that the soul of surgery has found its place in the heart of humanity.

Is it not fitting that here, on the shore of one of the great lakes, in a city which vibrates with the dynamic energy of its millions of people, in a city still so young that the enterprising spirit of the pioneers who founded it has not been crushed by centuries of antiquity—should hold a memorial institution such as this that is looking to the future for the crowning glory of its service? "May it not be that these waters that restlessly lap on the not far distant lake shore, express the spirit needed by an institution of this young and aspiring type? Now tossed by tempests brewed from dark and lowering clouds; again the incessant beat on the shore of waves generated by the winds of the passing storm; now dark and angry as in a winter's day, with icy blasts and clouds of driven snow; once more quiet and serene in the calm of a summer's day—such are the moods of the lake, ever changing, always varying, and yet constant, enduring, magnificent—a mighty force continually at work from the changing activities of the lake with its reserve of enduring force."[1] May there come from these sources an inspiration and stimulation to this Memorial and to the workers who give it life—who, as the years go by, will lead it into the highways of progress, to the ultimate attainment of its ideals in every field of surgical usefulness and endeavor. To this end may this Memorial endure a lasting tribute to the starlit name it bears—John B. Murphy.

"A lofty name, a beacon light
On the cliffs of Fame."

And now, Mr. Chairman, by virtue of the authority vested in me by the American College of Surgeons, I have the honor to accept the John B. Murphy Memorial building as complete and ready for occupancy and pronounce it now open for the uses of the American College of Surgeons.

[1] H. V. Christian

THE JOHN B. MURPHY MEMORIAL BUILDING, THE ATHENEUM OF SURGERY

By WILLIAM J. MAYO, M.D., F.A.C.S., Rochester, Minnesota

WE meet today to dedicate the John B. Murphy Memorial building, a home of science and creative art in surgery.

Ten years ago, deeply grieved at the loss of a dear friend, I penned a tribute to Dr. John B. Murphy, and the analysis of his career that I then made has been amply justified by the mature thought of the following decade. It has been well said that by examining the life work and deeds of a man one can get an intelligent picture of his soul. Dr. Murphy had that divine discontent which leads to progress, and fires those geniuses who, by their researches and altruism, have given mankind their greatest blessings.

The reputation of a surgeon, in the final analysis, must rest upon originality, teaching by word of mouth, teaching by the printed page, surgical judgment, and operative skill. Dr. Murphy had a marvelously fertile and original mind. Possessing a brilliant surgical imagination, he early deviated from the beaten paths and invaded new territory, and yet with such acumen that nothing which he originated has failed to live. Like those of the great musicians, his productions are still masterpieces; they mark epochs in surgical progress. He made the experimental laboratory a handmaiden to surgery, and carefully investigated every detail of his constructive work by animal experimentation before applying it to man.

As a clinical teacher of surgery he had, in my opinion, no equal. Clear and logical, he started with facts about which there could be no dispute, progressed from these facts toward new ground, yet along pathways more or less familiar to all, and finally, taking us by the hand, so to speak, he led the way to new truths by the light of his surgical genius.

As one views this classic building devoted to the purposes of the American College of Surgeons, one must recognize that it is a worthy memorial to one of the greatest figures in American medicine. It is especially fitting that this edifice should be devoted to the elevation of the educational and moral standards of the profession which Dr. Murphy loved so well.

To the vision and altruism of Franklin H. Martin, the American College of Surgeons owes its existence. Dr. Martin early saw the fundamental weakness of the changing character of surgery as it had developed in America. Surgically speaking, we were becoming a nation of operators attempting by facile technique to gloss over serious errors in surgical understanding. The advice of David Crockett, "Be sure you are right, then go ahead," was sometimes honored in the breach rather than in the observance. The science and art of surgery in America had outgrown its methods of organization. Day by day the increase in available surgical knowledge was so rapid that it was no longer possible for one mind to obtain a good working knowledge of the various branches of surgery. The term, "general surgeon," no longer applied, and surgery for the general practitioner could no longer be justified.

In this rapid advance under changing conditions, undesirable practices grew up among surgeons for which the commercial and industrial age in which we live was largely responsible. The conception of an organization of surgeons of which the primary purpose would be service to the people made a strong appeal to the keener minds of the surgical profession, of which Murphy was the leading spirit. The undertaking, however, met with severe criticism which had its origin to a large extent in the conservatism natural to the profession. It cannot be denied that many honest men who, in conjunction with general practice, had been occasionally practicing operative surgery for which they were no longer properly prepared, thought they were being surgically disenfranchised. They strongly resented an organization which might even by suggestion impugn their motives or question their ability. The unprejudiced will recognize that it was necessary to change an obsolete custom which, while quite proper in the light of the small knowledge of an earlier day, when illumined by the great advances in surgery was clearly seen to be unfair to the patient. It required supreme courage for Dr. Martin to abandon an honored position in the surgical world and devote his fine talents to the new venture, and it is to the lasting credit of the surgical profession of America that its leading members, almost to the man, rallied to his support.

Fundamentally the model of the American College of Surgeons was the Royal Colleges of

England, Ireland, and Edinburgh. The conception of the American College is a tribute to the splendid work of the British institutions which insist, and properly, that learning is the keystone of the arch. The resemblance in details of organization, however, is not marked, because of the different conditions under which surgery is practiced in Great Britain and America. The British Isles are small, with large centers of population containing universities with great medical schools, to which patients can be transported quickly for surgical care, and the general practitioner, in conformity with British custom, perhaps the strongest factor in the Anglo-Saxon temperament, has never done and does not desire to do surgical work for which he has no training.

In America the distances between cities and seats of learning are great, and, since the object in organizing the surgeons was to insure that every patient with surgical disease had the most skillful care possible, an organization along different lines from those followed in Great Britain was necessary. A limited organization which would be more or less aristocratic intellectually would not, therefore, answer the purpose. Such organizations, for that matter, were already in existence, for instance the American Surgical Association, the American Gynecological Society, the American Laryngological Association, the American Ophthalmological Society, and others, organizations which were largely for men who were teachers or who had justly achieved a great reputation in practice in their particular specialties. It was generally recognized that in a country of 120,000,000 inhabitants, Canada and the United States, an organization of less than 10,000 members would leave many communities unrepresented and possibly without adequate provision for surgical care. Liberal provisions therefore were made to include in the fellowship many older men who had done good surgical work and only too soon would be replaced, as the inexorable time clock called them from the field. The requirements for the fellowship of the future, however, were placed on a higher plane. It was determined that the men who were to take the places of those of the older school, younger men who have had greater opportunities in modern institutions for medical learning and in hospitals for clinical training, must be held to a higher standard.

Very properly, emphasis has been thrown on wisdom as well as knowledge as a qualification for fellowship in the American College of Surgeons. A great many men are capable of acquiring large amounts of information which they are unable to use; and, since the first purpose of the American College of Surgeons was the proper care of the sick, it was early decided that the ability to make surgical diagnosis, and, when necessary, to operate with wisdom and with safety to the patient, should be made an essential to fellowship. Therefore, mere possession of academic degrees by its prospective fellows would not insure fulfillment of the purpose of the organization, and it was decreed that no man should be admitted to fellowship until a reasonable period, eight years, should elapse after graduation from medical school, in order to judge whether he was making proper use of his opportunity and was steadily progressing. Eventually the so-called Junior Candidate group, a probationary organization, was established to include, during their formative period, young men having the basic qualifications for fellowship.

There are, unfortunately, in every profession, and that of medicine is no exception, certain men who do not live up to proper professional ethics. In the practice of medicine a higher grade of ethics must be demanded than in any other profession, because the people are without knowledge of medicine and easily become the prey of charlatans and self-seekers who trade on their ignorance. It occasionally happens that a man, otherwise well qualified, justly comes under suspicion of unethical conduct in his relation with his patients and is therefore denied fellowship.

On speaking to a general audience, one avoids as far as possible the introduction of the question of professional ethics in the medical profession, those rules of conduct which are blamed, and usually unjustly, for the many real or fancied shortcomings in our professional relations. Yet experience has shown that in the long run the medical profession, although often unsympathetic, is just.

Today surgeons cannot intelligently practice surgery in such manner as to give the people the best that medicine offers, which is the least that they should have, unless each man is willing to recognize fully the dignity of his coworkers. The surgeon who works alone, who holds his fellow practitioners in contempt which he does not attempt to conceal from the patient, in the long run fails to do what is best for the patient because he does not have the co-operation and support of his colleagues, and therefore cannot secure the best conditions for success.

The wisdom of the provision that every applicant for fellowship in the American College of Surgeons must be judged by those who work with him or know him intimately is therefore apparent, and it is evident that the College in selecting its members rightly puts character first.

One of the most frequent criticisms of members of the medical profession is based on the fact that they are slow to adopt new ideas. This is true, especially with regard to those ideas which originate with men who have not had medical training, and who throw emphasis entirely on a method of treatment which has not been properly tested, either clinically or by animal experimentation. Occasionally such an idea possesses great basic value, but when one considers that the purpose of medicine is the saving of human life, immediate acceptance of every new theory would not be warranted, and extreme conservatism under the circumstances is amply justified.

In the early day, because of the many attendant dangers which have now, to a large extent, been eliminated, only operations of urgent necessity were performed. Today surgery of expediency is perhaps the chief work of the surgeon, the object being to prevent conditions which would later threaten life. This is especially true of malignant diseases in which early operation is usually curative, and late operation curative only to a small extent.

The education of the public in the past was left too largely in the hands of the quacks, charlatans, cultists, and self-seekers. As related to surgical disease, the education of the laity has been rightfully taken over, in a dignified manner, by the American College of Surgeons, that the benefits of modern medicine may be passed around.

The American College of Surgeons is vitally interested in the conditions under which surgery is practiced, and no part of the work of the organization has been of greater importance than the standardization of hospitals, and the development of proper hospital staffs and fine training schools for educating nurses. This pioneer work has greatly stimulated the building of hospitals and especially the community hospital where every sick person, without regard to color, creed, social, or financial condition, can be cared for properly. Correlated with this growth has been one of the most remarkable developments of modern times, the understanding by the laity that the sick member of the family can be better cared for in the hospital, without regard to money, than in the home crippled by sickness, because the favorable conditions afforded by the hospital cannot be duplicated in the home, no matter how wealthy the occupants.

The American College of Surgeons has been in existence thirteen years, and it is becoming increasingly apparent that the altruism not only of its founder, but also of that tower of strength, Dr. Murphy, who early in the history of the College supported it in every way, has brought forth an institution of extraordinary value to our country. The formative period has passed. The College has good endowments, a suitable home, and this beautiful building devoted to a great purpose, the advancement of learning, research, and medical education, always from the broad humanitarian standpoint of service. Its fellowship comprises over seven thousand carefully chosen men, controlled by a democratic organization of a board of governors of one hundred and fifty members, a board of regents, a president, and a director-general.

In the future, every young man who desires to enter the practice of surgery will find that energy, perseverance, and character will lead him to the desired goal. The requirements for fellowship are reasonable and within his reach.

The foundations of medical learning were laid in ancient Greece, and in Athens it had its home. The atheneum was a noble structure in which learning and the love of beauty in thought and fact were nourished. Beautiful as are the physical remains of this temple, even more inspiring are the undying evidences of a great culture which was never lost, although little regarded and often dishonored for nearly two thousand years. The Renaissance brought these evidences of culture to light to act as a guide for all time, proof that while the flame of the torch of learning may be dimmed, it cannot be extinguished while civilization shall last. Let us hope that this modern atheneum may fulfill its function in the years to come, a noble monument in memory of a noble man.

JOHN BENJAMIN MURPHY—CITIZEN AND SURGEON

By FRANKLIN H. MARTIN, C.M.G., M.D., F.A.C.S., Chicago
Director-General, American College of Surgeons

WE build monuments to poets musicians, politicians, and statesmen, and we dot our land and fill our parks with statues of our military heroes whose training and vocation have fitted them for the destruction of men; but how few monuments there are to the eminent members of the one profession whose training and vocation are concentrated in the saving of human lives!

This beautiful temple of service, to be devoted to the ideals of practical surgery, is one of the first in this country to do honor to a surgeon. Why was John Benjamin Murphy the first of the surgeons of America to be selected for this distinction? Why did laymen, medical men, surgeons, and friends contribute to this memorial to our neighbor and our citizen?

Murphy was a genius. A genius is one who creates something that is desirable, by perfectly obvious methods, and that by its simplicity and importance captures the imagination of his confrères and posterity. Murphy not only created and had his creations accepted, but by his impelling personality and eloquence, he inspired laymen and medical scientists alike.

His vision was phenomenal and was made practical by an industry that made his dreams come true. His accomplishments were epoch-making and few chapters in the text-books of the future can be written without reference to the pioneer work of Murphy. We are awed when we realize that Murphy was the first, or among the first, to develop: Suture of the blood-vessels; surgery of the chest; surgery of the brain and spinal cord; surgery of the appendix; surgery of the intestines, including the invention of the Murphy Button; and, finally, one of the greatest of his achievements, surgery of the bones and joints.

Murphy's accomplishments were of the first importance. He was not only an originator in these branches of surgery, but as well an authority universally recognized, and his name will be associated with these subjects so long as there is a surgical literature.

But Murphy was more than an inventive and a mechanical genius. He possessed the ability to impart his knowledge. He was our greatest interpreter of surgery. He was eloquent in speech. His was true eloquence, not mere oratory; and he carried his hearers by force of personality, thorough knowledge of his subject, an enthusiasm that was irresistible, and a directness of attack that left no room for misunderstanding.

Dr. Edward Martin, of Philadelphia, once said: "I go to Murphy's Clinic determined to remain unperturbed; but in five minutes I find myself on the edge of my seat, enthusiastically waving my hat." This confession by Edward Martin, no mean critic of dramatic art and a peer among teachers, will strike a responsive chord in every surgeon before me who attended the Clinics of Murphy.

As an interpreter, Murphy was a prolific writer. His many volumes of *Clinics*, published monthly, contained the very quintessence of his operating work, the very lifeblood of this master surgeon.

As an individual, he was first of all a family man, devoted to his wife and children, of whom he was justly proud and who in turn worshiped him. He possessed a strong religious conviction, and his church and his religious duties were always scrupulously attended to.

He was a great and loyal friend. In his later life, I was honored by his friendship. In my long acquaintance with him, I never heard him speak critically of any one. Like all great men and prophets, he was frequently "without honor in his own country."

On occasion, when injustices by word or deed were being done to him, I insisted that I and his friends would not tolerate these actions; that we would expose the detractor. He would raise his hand in protestation and, smiling say: "Oh, no, leave them alone; they know not what they do."

When Murphy died in 1916, at the early age of fifty-eight, he was mourned not only by those of us who were his neighbors, but by the whole world. Countless tributes were paid to him as a great surgeon and teacher by his Chicago confrères, and preserved by his family. May I quote a few of these? Dr. Albert J. Ochsner said: "Murphy was the one man whom the whole surgical world knew as a great American surgeon . . ." Dr. William A. Evans: "He was the greatest surgeon of his day in the world. . ." Dr. William E. Quine: "It is an open question whether the passing of a private citizen ever occasioned a more powerful or widespread shock than did the

passing of our friend. Even distracted Europe felt the jar. A citizen of the world has passed away. . ." Dr. Frank Billings: "We soon forget, but we remember great landmarks." Dr. Frederic A. Besley: "The world has lost the greatest surgical teacher it ever had, and no man's mind can estimate the extent of the far-reaching influence of his teachings." Dr. Arthur Dean Bevan: "He was one of the most original thinkers American surgery has produced. . ."

From the medical profession throughout the country came tributes. Dr. Harvey Cushing, of Boston, said: "He stood second to none in the country and to few in the world." Dr. C. A. L. Reed, of Cincinnati; Dr. W. W. Grant, of Denver; Dr. Norman Bridge, of Los Angeles; Dr. John A. Wyeth, of New York; Dr. Emery Marvel, of Atlantic City; Dr. Stewart Lobingier, of Los Angeles; Dr. Robert Coffey, of Portland, Oregon; and Dr. William D. Haggard, of Nashville all spoke words of praise. Dr. J. M. T. Finney, of Baltimore, said: ". . . A wonderful personality, an inspiring teacher, a splendid surgeon, a true friend, a real man, his going has left a gap that can never be filled." Dr. William B. Coley, of New York, and Dr. Ingersoll Olmsted, of Hamilton, Ontario, spoke of his greatness. Dr. Charles H. Mayo, of Rochester, Minnesota, said: "He was the greatest surgical teacher of his time. Dr. Murphy will live in history as one of the greatest builders of modern medicine." Dr. George W. Crile, of Cleveland: "Dr. Murphy taught by monographs as others have taught by words, and his teachings have influenced not only the American continent, but also Europe and the Far East, for Murphy taught the world. . ." Dr. William J. Mayo, of Rochester, Minnesota: "In the death of Dr. Murphy, America has lost its foremost surgeon. His untimely death in the flower of his great career saddened us all. A man of genius, original, forceful, and of magnetic personality, he was honored above all men as a teacher in surgery."

And among others was the dean of surgery of this continent, Dr. William Williams Keen, of Philadelphia, who said: "He leaves a great legacy of an astonishing amount of the best work done by any surgeon in America. He has left his imprint on surgery for all time."

The surgeons of the old world took time in the midst of war to pay homage to the memory of Murphy, among them Sir Arbuthnot Lane, Bart., and Mr. Herbert Paterson, of London, England. Sir Rickman J. Godlee, Bart., of London, the nephew of Lord Lister, said: "I fell under the spell of Murphy's most original eloquence, which made hidden things clear, and shed over well known facts such a glamour that one seemed to be hearing of them for the first time from the lips of their discoverer. America has lost an incomparable teacher as well as one of her greatest surgeons." Professor Raffaele Bastianelli, of Rome, and Professor Theodor Tuffier, of Paris, also hesitated from war to pay their tribute. Sir Berkeley Moynihan, Bart., of Leeds, England, in summing up his eulogy to our hero in his John B. Murphy Oration, in 1920, said: ". . . Year by year Murphy grew in intellectual power and in the dominion he exercised over the minds of men. A problem took on a different aspect if Murphy were engaged in it. He touched the common currency of surgical thought and changed it into gold. For no effort of his was meaningless or sterile and all the powers of his mind and of his frail body were spent ungrudgingly in all his work. . . As we look backward upon the long history of the science and art of medicine, we seem to see a great procession of famous and heroic figures, each one standing not only as a witness of his own authentic achievements, but also as a symbol, of the traditions, ideals, and aims, of the age which he adorns. . . They are men whose deeds will not be forgotten, and whose names will live to all generations. Among such men, few in numbers, supreme in achievement, John Benjamin Murphy is worthy to take his place."

Statesmen, business men, and educators knew Murphy's worth and heralded his fame. Among them were Governor Edward F. Dunne of Illinois, President Edmund J. James of the University of Illinois, Harold F. McCormick of Chicago, Sir James Grant, of Ottawa, Ontario, and President Harry Pratt Judson of the University of Chicago. His eminent patient, Theodore Roosevelt, said: "Dr. Murphy was one of the most useful men in this country and one of the men who added to our reputation all over the world. He was a great surgeon of international reputation and he was as staunch and whole-hearted a patriot as this country had. He was a great American citizen." And Woodrow Wilson said: "The medical world loses one of its foremost figures and our country sustains a real loss. I am sure I express the feeling of the whole country when I mourn his going."

Probably the most unique recognition that any surgeon has received came to Murphy from His Holiness, Pope Benedict XV—the Christian Knighthood and the apostolic blessing, an honor which was conferred upon him in recognition of his services to humanity and of his many works of Christian charity.

Murphy was conspicuously honored by his confrères through the duties and distinctions they placed upon him. He was professor of surgery and chief of the surgical department of Rush Medical School, the medical department of the Chicago University; and subsequently he was made Professor of Clinical Surgery of Northwestern University Medical School. He was the president of the Clinical Congress of Surgeons of North America, and president of the American Medical Association.

So it is no mystery that this beautiful temple of service, the first of its kind to be built in this country by voluntary contributions of laymen and medical and surgical confrères, was created to honor Murphy, a member of the surgical profession. This building will be to America what the John Hunter memorial of the Royal College of Surgeons of England is to Great Britain and the whole surgical world.

Of this noble soul we may truly say:

> "He went away as he had lived, nobly careless of himself and thinking only of the things he had undertaken to do."

And may I further say of him that by thought, by action, and by self-discipline, he trained a body and mind, given by a pure inheritance, into a strong physique, an acute brain, and a dominating personality.

With unsatisfied industry he acquired the knowledge of his art and made his mind a possessor of the recorded deeds of his confrères of the world.

He learned surgery, serving with indefatigable energy the needs of helpless humanity, and taking counsel of his fellow workers in every field, old and new, in which his profession was practiced.

He had a creative mind, trained to investigate facts, and suspicious of traditions, with a courage to bring forth the new; a judicious mind that judged so correctly the value of the new his genius brought forth that the things he wrought were recognized by science as enduring principles.

With an irresistible enthusiasm, begotten by his appreciation of truth, he imparted the knowledge from his great storehouse in a way that appealed to the mind, the conscience, and the responsibility of his hearer, and that made him the impelling teacher of his time.

His experiments were made in the laboratory, in the mortuary, and in the dissecting room. He thus proved theories by facts, but never at the expense of those whom he served.

The impelling text of his life—in experiments, in writing, in the practice of his art, and in his burning utterances as a teacher—was: "Have uppermost in your mind the welfare of the individual who entrusts his life to your care."

He worked and pleaded for higher standards; he was democratic in his methods; and he condemned complacent, entrenched interests as a bar to progress. His life was a protest against ignorance and pretense. He believed that most things worth while came from those not bound by tradition. He encouraged the beginner and listened to the obscure.

He labored with more and more concentration of effort, as the wonders and possibilities of his task were revealed, trusting his strong body, inured by abstemiousness and continuous work, to perform the almost superhuman task imposed upon it. And then the body broke, and his life, in the fullness of its power, was sacrificed. "Greater love hath no man than this, that a man lay down his life for his friends."

He loved God and expressed this love through his work for men and little children. He was the devoted father, the beloved husband, the staunch friend, and an inspiration to all who came within his influence.

He was a human man who, through many years of self-discipline, indefatigable work, untold sacrifice, and desire of the highest service, developed into a superman—the high priest of the most exacting of professions.

And now, friends, before I draw the curtain over this inadequate sketch, may I venture to say that while we are here gathered to pay homage to Murphy, the great man, the great surgeon, and the true friend, we may be assured, if the screen is not too impenetrable, that around us, in approbation, are the spirits of him and of his devoted wife, and over us is shed their love and benediction.

THE AMERICAN COLLEGE OF SURGEONS

By GEORGE W. CRILE, M.D., F.A.C.S., Cleveland, Ohio
Cleveland Clinic

THE primary purpose of the American College of Surgeons is thus stated in its year book:

The American College of Surgeons is a society of surgeons of North and South America which aims to include within its Fellowship all who are of worthy character and who possess a practical knowledge of the science and art of surgery. The College is concerned fundamentally with matters of character and of training, with the betterment of hospitals and of teaching facilities in medical schools and hospitals, with laws which relate to medical practice and privilege, and with an unselfish protection of the public from incompetent medical service.

As the above statement indicates, the founders of the American College of Surgeons felt that the public in general has the right to depend upon those who have had special training in any line to be the leaders in that line. Moreover, professional service of whatever nature, to be effective, must be of service to the public. Such public service must be exercised primarily through the avenue of public institutions. In the case of the medical profession the principal avenue of public service is, of course, the hospital.

According to the last report of the American Medical Association, there are 7,370 hospitals in the United States with a total of 813,926 beds, thus constituting a possibility of giving 297,082,990 days of service to patients in the course of a year; together with the 367 hospitals in Canada with a total of 31,445 beds, 308,560,415 days of service can annually be given to patients in these two countries, and according to published reports over 12,000,000 individual patients pass through these hospitals each year. The land, buildings, and equipment of these hospitals represent a grand total investment of approximately $3,187,000,000.

To one who has the sentiment to read into statistical figures an emotional significance, the first thought suggested by such huge figures would be that the sick public must be very completely provided for; and certainly this large investment of money bespeaks a very large and exceedingly generous public. But the above total of 7,737 hospitals in the United States and Canada includes hospitals of all sizes from those containing less than ten beds to those containing more than 300 beds, and it includes also not only hospitals of the highest degree of efficiency but also hospitals the efficiency of which is far below what the public has a right to demand. In addition, in the United States alone, according to a recent survey by the American Medical Association, among the total of 3,068 counties, 1,367 did not have a single hospital for general local service.

If the public, therefore, is to be wisely, efficiently, and abundantly supplied with hospital service, not only must more and larger hospitals be provided but it is primarily essential that a certain standard be established; and that by the publication from year to year of the list of hospitals which meet that standard, an impetus be given toward increased efficiency of hospital administration and of professional service.

Moreover, in addition to the care of the sick patients who occupy these 845,371 beds these hospitals serve as training schools for young physicians who have graduated from medical schools but must seek their first practical experience within the hospitals under the guidance of surgeons and physicians of experience. Some of these internes remain attached to hospital service but others go out into private practice, thus widening the sphere of ultimate usefulness of the hospitals far beyond even the indications of the huge figure given above. In addition, these hospitals also are the training ground for the tens of thousands of nurses required to care for our sick public.

For all these reasons the primary endeavor of the College has been the standardization of hospitals. In this campaign the closest co-operation and support have been given by the American Hospital Association, the Catholic Hospital Association, the Protestant Hospital Association, the Board of Hospitals and Homes of the Methodist Episcopal Church and the Baptist Hospitals. The American Railway Association has requested its 14,000 surgeons to use our approved hospitals wherever available, and to standardize the hospitals under their immediate control. General Hines asked us to survey the Veterans' Bureau hospitals so that the institutions for the care of soldiers may meet the requirements laid down for acceptable lay hospitals. The Marine Hospitals and Surgeon General Cumming of the Public Health Service also asked for our survey. The movement has met the approval of the great philanthropic foundations and the Carnegie Corporation has financed the hospital standardization activities of the College to the extent of $105,000.

From the time when this survey was first undertaken until the close of 1925, 10,862 individual surveys of hospitals had been made and 6,412 hospitals had been approved. The effect of these surveys is indicated by the fact that, whereas in 1918 only 12.9 per cent of the hospitals surveyed met the standardization requirements, in 1925, of 995 hospitals of 100 beds, 89.3 per cent met the requirements.

No report of this standardization program could be complete without a special word regarding the splendid sympathy and assistance of the Catholic Hospital Association under the leadership of the Rev. C. B. Moulinier, S. J.

The expense of this program is not slight, and until 1922 it was impossible to extend our work to the many hospitals containing less than 100 beds. Through 1925 slightly over one-half million dollars had been expended ($552,000), and it is to the everlasting credit of the American College of Surgeons that its Fellows have contributed this large sum for better hospital service to the public.

In order that hospitals may meet standardization requirements, the public at large must be cognizant of the need and must help to supply the necessary funds. Physicians and surgeons in each locality also must appreciate the possibilities of the program and must realize to what an extent it may promote their individual efficiency as well as the efficiency of hospital service. Therefore, it is important that the public at large as well as the individual physician should be cognizant of the advances in medical science, of the extension of public health control, of the way in which problems of such widespread individual significance as the cancer problem, for example, are being studied. To this end the College has inaugurated a plan of sectional meetings to give members of the profession throughout the country the opportunity of hearing scientific discussions by surgeons beyond their own territory, to give the public the opportunity of hearing addresses by leaders of the profession and by prominent lay-men, and to bring together hospital administrators in each locality for the discussion of the problems encountered by them in the standardization program.

The attendance upon these sectional meetings has increased steadily during the past year and these meetings have become, we believe, permanent institutions, helping the ideals of the College and the movement for hospital betterment. During 1925, 12 sectional meetings were held, covering 36 states and provinces.

We confidently believe that any report of the extent of interest and activities of the American College of Surgeons will soon become truly a Pan-American report. Increasing numbers of Latin-American surgeons are being included in the list of Fellows, and two official expeditions by officers of the College to South America have done much toward cementing a relationship which cannot fail to be of the utmost value not only to the surgeons of all the American countries but also to the public at large because of the increasing commercial and social relationships among these countries. In fact the international scope of the College should be emphasized by the statement that in addition to the countries in the Western continent, our list of Fellows now includes surgeons from Great Britain, Australia, New Zealand, India, Italy, Egypt, China, Korea, Syria, Turkey, and the Fiji Islands, to say nothing of the honorary fellowships which have been conferred upon distinguished surgeons in foreign countries. This international relationship was emphasized early in our history by the gift of the great mace to the American College of Surgeons by consulting surgeons of the British Army, in memory of mutual work and good fellowship in the Great War.

Any description of the organization and work of the College would be incomplete without a passing word as to the personnel responsible for carrying the load. Dr. Craig and his group have, with untiring zeal, carried the activities of the College to every state and province. Dr. MacEachern and his group not only have surveyed all hospitals of more than 50 beds in Canada and the United States, but he has just returned from a standardization trip made at the request of the Governments of Victoria and New South Wales, Australia, and New Zealand, in which he traveled 31,000 miles, and filled 279 engagements. Standardization service has been carried also to China, France, Porto Rico, and Uruguay.

In a single generation there arise only a few men with a genius and a passion for organization. Such a man, in my opinion, is exemplified in the person of our Director General, Franklin H. Martin. I believe that the past achievements, the present status, and the future outlook of the College could not have been created but for his fine and brilliant service.

Our present status includes a membership of 7,461; endowment funds contributed by the Fellows of the College, invested in gilt-edged securities amounting to $692,000; adding to this amount the value of our land and buildings, we have total net assets of over $2,000,000. But of far greater importance than this investment is a superb organization of able and tireless workers in every department of our activities.

THE SURGERY OF AMERICA

By W. W. CHIPMAN, B.A., M.D., LL.D., F.R.C.S. (Edin.), Montreal, Quebec
President-Elect, American College of Surgeons

IT is indeed a great honor to speak for the Surgery of America; a great honor, and a large undertaking. And the task is not made easier, but is rather rendered more critical and more difficult in that I stand tonight with some of the greatest exponents of this handicraft, some of the most skillful surgeons of our time.

We have heard of the illustrious surgeon, in honor of whose name we are assembled, and of the American College of Surgeons, our own incorporate body of surgical associates, now some thirteen years in existence. And I am to speak tonight chiefly of the effort and the work that preceded these, the long endeavor that created as it were John B. Murphy, and the College that he loved so well. For, the Surgery of America is in very truth the ancestry, both of the Man himself and the Institution: a sterling ancestry of some three centuries.

Where American surgery has done so much the difficulty is great to say so little.

Thucydides said of the ancient Greeks that they "possessed the power of thinking before they acted, and of acting too"; and it is just this power of thinking and of acting that has set its seal upon this later Magna Graecia—our own America. This is our large inheritance, from the Northern Greek, the Anglo-Saxon race. The Pilgrim Fathers and the Virginia Company changed their sky, it is true, but they changed neither their character nor their characteristics. They brought with them their own race-qualities, a courage, a practical sense, an energy in work, and above all, a love of freedom; and they stamped these as a seal upon us, a lasting impress, for through chance and change we are, and we always will be, an English-speaking and an English-thinking race.

And the New World has but strengthened and accentuated these racial characteristics. Assuredly, there was a large house to put in order, and abundant need of energy, originality, and self-reliance. And so, from the beginning, through necessity of inheritance and environment, these have come to be the essential qualities of our national genius. And the surgery of America partakes of these things, for it bears, and has always borne, this self-same impress.

It is a record of three centuries; for, three hundred years ago, Giles Firman, Samuel Fuller, and John Winthrop practiced medicine in Massachusetts; while Lawrence Bohun and John Pott were fellow-physicians in Virginia. These men not only practiced medicine, but they took an active share in civil life; sometimes, in Massachusetts, even as the apostle Luke, they preached the Gospel, the "angelical conjunction" of Cotton Mather. Giles Firman was our first medical teacher, as usual underpaid; for, later on, he took Orders, finding physic, "but a meane help."

These men and their successors were our first practicing physicians, men of sterling worth and, the biographer naively adds, "men of constant if not warm affections." They practiced the surgery of their time, where Ambrose Paré of the famous ligature had already lived and died, and William Harvey had but just discovered the circulation of the blood.

A wonderful band of men—even from the beginning! For it was they and their successors who in due time founded our medical schools, and really created American medicine. Of such were John Morgan, Benjamin Rush, William Shippen, Junior, Samuel Bard, Caspar Wister, Phillip Synge Physick, John Warren, and James Lloyd. The very names are enough to recall their greatness. We read of James Lloyd, that he was an eminent surgeon in Massachusetts, using Paré's ligature instead of the searing cautery; that Benjamin Rush is justly named the American Sydenham; and that Phillip Synge Physick, who introduced the absorbable ligature, is called rightly, "the Father of American Surgery."

These were great men, and they lived in an auspicious time, for the revival of medicine in England in the 18th century was at its height. They had all worked and studied with John Hunter, the founder of scientific surgery, and the greatest scientist since the time of Aristotle; the one, be it remembered, a Greek, and the son of the Stageira physician, twenty centuries before; and the other a Scot, the son of the Calderwood laird. They had studied also with the great brother, William Hunter, with Samuel Sharp, Cheselden, and Pott. Seven of them were graduates of the University of Edinburgh, where they sat under the Monroes, Cullen, and John Bell. These were the men, and it was at this time that there were laid the foundations of American surgery. Morgan, Shippen, Rush,

Lloyd, Warren, and Physick were in a manner the great prophets, the forerunners to prepare the way for the illustrious achievements that were soon to follow.

These illustrious achievements really began with ovariotomy, the progenitor, as it were, of all visceral surgery. You are familiar with the origin of this great project, and its execution. And so together we remember tonight Ephraim McDowell, born in Virginia, and who, inspired by the work of the two Hunters in London, and of John Bell in Edinburgh, in Danville, Kentucky, on the 13th day of December, 1809, performed the first ovariotomy. "I am but an instrument in Thy hands," was McDowell's prayer on that December morning; and an efficient instrument he proved himself to be; inasmuch as he gave to the world an operation, the value and the far-reaching effects of which we cannot overestimate.

For by this operation the gates were set ajar to the opening of a new surgical life. But these gates were slow to open, and we recall with pride today the names of Nathan Smith, David Rogers, the brothers Atlee, Edmund Peaslee, Burnham, Kimball, and Dunlap. It needed courage, I can tell you, in those pre-anæsthetic days—a courageous surgeon and a courageous patient. For these operations were condemned even by the profession, as being "cruel, barbarous, and unjustifiable," while among the laity, the operator was designated as a "butcher, a murderer, or a cross between the two." And yet they persisted, these intrepid pioneers.

And after the "ovarian hydatid," as the cyst was called, there followed soon the removal of the uterine fibroid, and the hysterectomy. Even the surgeon of today may mistake a soft uterine "fibroid" for a firm ovarian cyst, and it matters little to the patient as regards her safety. But how different the case in 1853, when Walter Burnham of Lowell, instead of an ovarian cyst, delivered through his incision an enlarged uterus with its fibroid. What was worse, it could not be replaced, and he was compelled to amputate where he could, this resolute, if reluctant, pioneer. But the honor of such a first case, deliberately undertaken, fell to his fellow-townsman, Gilman Kimball. Some 20 years later, Thomas Keith of Edinburgh, in dedicating his monograph on hysterectomy to Skene of Brooklyn, said: "I offer you something that is not mine, but is of American origin . . . . for the first case of uterine fibroid, diagnosed before operation, was removed by my old friend Dr. Kimball."

Today we can scarcely realize the relief, the joy that cometh in the morning, when to these courageous pioneers and their heroic patients there came as a veritable descent from heaven the use of Morton's ether-anæsthesia. The happy word "anæsthesia" was the gift of Oliver Wendell Holmes; and Weir Mitchell has poetically defined its slumber as "the death of pain." There is no doubt that Dr. Crawford Long of Jefferson, Georgia, was the first surgeon to use the inhalation of ether as an anæsthetic. But in the words of the Rev. Sydney Smith, the famous English divine, Long did not "compel mankind to hear him."

It was 4 years later, in 1846, that W. T. G. Morton, a dentist of Boston, inspired by a suggestion of C. T. Jackson, a chemist of that city, finally brought to a waiting world the glad tidings of sulphuric ether. Morton was a former pupil and a present partner of a fellow dentist, Horace Wells, the latter already known for his success and failure with nitrous oxide. And this same Morton was nothing if not daring and determined, and he compelled mankind to hear him. We can picture the scene of the first major operation in the Massachusetts General Hospital, the amputation of the leg of Alice Mohan. George Hayward was the surgeon, and Morton himself gave the anæsthetic, while among the spectators were the famous surgeons Henry Bigelow and Collins Warren. The operation was a painless one. And so humanity became possessed of one of the greatest gifts the high gods may bestow.

It is interesting to remember that chloroform was first used as an anæsthetic 2 years after this time, in 1848; and to recall the fierce opposition to the use of either of these drugs, ether or chloroform, during child-birth. Many eminent clinicians of that day argued that "it made the patient drunk, and no self-respecting woman would place herself under such an influence."

During these stirring times, about the middle of the 19th century, there were eight outstanding names in American surgery. There were John Collins Warren and Henry J. Bigelow in Boston; Marion Sims and Valentine Mott in New York; Benjamin W. Dudley in Lexington; Warren Stone in New Orleans; Samuel D. Gross in Philadelphia, and Daniel Brainerd, the founder of Rush Medical College, in Chicago.

These were indeed a famous octet!

The most celebrated name, perhaps, was that of Marion Sims, for was he not called upon to treat the Empress Eugenie at Saint-Cloud. There remain to his credit not only his epoch-making plastic work in bladder fistulæ, but a wide experience gained in the Franco-Prussian War, and embodied in his second great contribution to the surgery of his time, "The Careful Invasion of the

Peritoneal Cavity . . . . for All Intra-peritoneal Conditions." Following John Stough Bobbs of Indiana, Sims was the second man to perform a cholecystotomy for the removal of gall stones. His statue in bronze stands in Bryant Park, New York, erected by his "professional friends, loving patients, and many admirers throughout the world."

By this time the gates of major surgery were thrown widely open, and before the coming of Lister, it is interesting to observe the great results that were achieved. Amputation of the extremities was freely undertaken. John Collins Warren had already excised the hyoid bone, and accomplished an excision of the elbow joint. Henry J. Bigelow performed the first excision of the hip joint in America in 1852, and explained the mechanism of the iliofemoral ligament, named after him "the Y-shaped ligament of Bigelow." In New York, Valentine Mott was proving himself a worthy successor to Wright Post; Post a famous pupil,in ligation for aneurism, of the great John Hunter. Profiting by this example and applying the precepts of Horatio Gates Jameson, embodied in a Prize Essay, entitled, "Observations on Traumatic Hæmorrhage, Illustrated by Experiments on Living Animals," Mott proved himself one of the boldest and most skillful operators of the time. He resected the right half of the lower jaw, removed the clavicle for an osteosarcoma, tied many times the primitive carotid, the subclavian, the two iliacs, and the femoral, and finally performed a first ligation of the innominate. In the South, Benjamin W. Dudley's reputation rests mainly upon his operation of lithotomy, performed by him, it is said, 225 times.

But Samuel D. Gross was the greatest of them all. Sometime professor of surgery at Louisville and Philadelphia, and laureate of Oxford, Cambridge, and Edinburgh, he did more for the advancement of American surgery than any individual of his time. His talents were many and manifold, for not only was he an original investigator and a distinguished surgeon, but both as a teacher and a writer he was a notable exponent of his craft. He contributed valuable monographs on diseases of the bladder and on foreign bodies in the air passages; wrote a systematic treatise on pathological anatomy, and finally, in 1859, published in two volumes his famous system of surgery. This pathological treatise and the complete system were the first of the kind to appear in America.

A literature is the most authentic record of work accomplished, and it is interesting to trace the growth of this surgical literature. There was first published the work of John Jones in 1775, his "Plain, Concise, Practical Remarks on the Treatment of Wounds and Fractures," as he calls it; there followed "The Elements of Surgery," of John Syng Dorsey, in 1813; and, in 1824 "The Institutes and Practice of Surgery," by Professor William Gibson: and finally there appeared "The Complete System," by Gross himself. You will observe that this surgical literature marks a steady, step-by-step gradation during these 84 years. The record of this work appears all the more wonderful today inasmuch as Gross tells us that, in 1876 "there is not a medical man on this continent who devotes himself exclusively to the practice of surgery." Truly the Golden Age of the general practitioner!

And now we come to Lister. You will remember that he published his first report in 1867—two years after the close of the Civil War; and that, like so many prophets, he was at first without honor in his own country. James Chadwick tells us that he saw Lister operate in Edinburgh in 1873, and "swayed by the scoffings of my preceptors I failed to grasp the significance of his principles." Lister's scientific vindication came with the work of Robert Koch in 1876, and it was chiefly through Germany that this wonderful discovery was transmitted to us.

And now the kaleidoscope quickens, for by reason of anæsthesia and antisepsis, surgery had come at last to its own. The American Surgical Association was founded in 1880, 46 years ago, a gathering of the right men in the right place. And these men now passed from strength to strength, from one achievement to another; in the surgery of bones and joints, and in the three large cavities of the body, for the brain itself was not exempt.

One of the most brilliant chapters of American surgery is concerned with the vermiform appendix, the diagnosis and treatment of its disease. The first step in the recognition of appendicitis was taken by George Lewis of New York, in 1856. There followed, in 1867, the tentative operations of Willard Parker in simply evacuating the appendix abscess; and subsequently, the co-removal of the appendix itself by R. J. Hall of New York, and Thomas G. Morton of Philadelphia. A complete understanding of this lesion we owe to Reginald Fitz of Boston, while the indications of surgical treatment were definitely outlined in 1889, by Charles McBurney of New York.

No less brilliant was the history of the surgery of the intestines and the stomach. This began naturally with the repair of bowel wounds, and there followed from this the resection of the bowel

itself, and the various anastomoses. Intestinal wounds had long been a subject of great interest, and as early as 1805 Dr. Thomas Smith had presented this subject as his inaugural essay to the University of Pennsylvania. In 1843, we find Samuel D. Gross experimenting upon dogs as to the nature and treatment of these wounds, and applying these results to actual practice. After him there came the work of Charles Parkes and Nicholas Senn of Chicago; and of William T. Bull and Robert Abbé of New York.

Senn was an acknowledged master in intestinal surgery. He was among the early and successful experimenters in gastro-enterostomy and bowel anastomosis; and no small part of this experimental work was done in a laboratory under the sidewalk of his home in Milwaukee, before his final removal to Chicago. The use of decalcified boneplates, and inflation method for detecting bowel perforation, and his heroic service during the Spanish-American War made him pre-eminent. A prolific writer, perhaps his most important contribution was his "Pathology and Surgical Treatment of Tumors." He was the life-long friend of Christian Fenger, to whose knowledge of pathology he owed so much; his library and his gift of a Clinical Building to Rush Medical College, are in this city his visible Memorial. The work of Senn led naturally to the achievements of John B. Murphy, of whom we are hearing this evening. Albert J. Ochsner was for five years Senn's chief-of-staff, and began in this clinic his distinguished work.

A contemporary of Senn in the West was Maurice Richardson in the East. Maurice Richardson, assistant-professor of anatomy at Harvard, under Oliver Wendell Holmes, and later, Moseley professor of surgery, and surgeon-in-chief to the Massachusetts General Hospital! To the many new problems of the antiseptic era, Richardson brought his anatomical skill, a tireless energy, a gift of originality and clinical acumen. When he began his work, abdominal surgery, as we have seen, embraced little more than the occasional removal of an ovarian or uterine growth, for a recognized surgery of the appendix, gall bladder, bowel, or stomach did not exist. Richardson was a friend of Fitz, and was quick to corroborate and develop the latter's teaching concerning the diseased appendix, for in his first twenty years of practice he had operated upon some 757 of these cases. His first cholecystotomy for gall stones was reported in 1889, and in the subsequent years he did much to place on a solid foundation the surgery of the biliary tract. For a time he was greatly interested in brain tumors and in nerve injuries, so widening out the frontiers of modern surgery. After a strenuous life, it was given him to die in his sleep.

William Stewart Halsted became professor of surgery at Baltimore, in 1889. He was known to us all as an accurate, a thorough and painstaking surgeon; and he will be long remembered for his radical operation in cancer of the breast, his circular and bulkhead suture of the intestine, his work on the blood vessels, and the introduction in 1890 of the use of rubber gloves.

And so we come in this short and fragmentary way to the surgery of the present time; and I need not tell you that this wide domain of the healing art is in safe hands. There is so much that I have been compelled to omit, and not the least, all the brilliant work of the several specialties which constitutes so large a part of America's rich endowment.

Tonight the particular has been included with the general; even in respect of our minor prophets, "les petits prophètes," as Verneuil calls them, names unmentioned, but worthy of all honor and remembrance. At this time and in this place you will forgive one personal reference. It concerns Thomas J. Watkins, sometime gynecologist of St. Luke's Hospital, and professor of gynecology in Northwestern University Medical School: the late Dr. Watkins, whose special work our society admired so much and the friend we loved so well.

As we have seen, it all is the work of three centuries. During these three hundred years America has contributed generously to surgical resource; for she has given anæsthesia together with rich gifts of her own achievement.

Through all this long inheritance America has steadily pursued her practical individual way, adapting means to ends, and developing the particular measure of her gift. In respect of the future, she must concern herself with special thinking and research; for it is only with a right conjunction of thought with action, of science with art, that she can continue to be a growing point—the great growing point of coming generations. John S. Billings puts it well when he says: "it is quite probable that the John Hunter or the Joseph Lister of America is now busy with his preliminary work." We have faith to believe this; that such men are taking thought to add a cubit to our stature.

THREE DECADES IN SURGERY

By GEORGE DAVID STEWART, M.D., F.A.C.S., New York

I HAVE been asked to speak of the changes that have taken place in surgery within the range of my experience; almost commanded, indeed, to summarize these changes, but, obviously only a few can be even referred to and these in the briefest way. A summary would be so tedious that I think it better to speak of the more striking changes as they appear to me. Dr. John B. Murphy, whose memory we are here to honor, belongs to practically the same period and did much important and enduring work in this era of development, improving technique and enriching the literature of the profession as much, perhaps more, than any man of his time.

Modern surgery dates from two men, Pasteur and Lister. Prior to their time, infections of wounds were the rule and the only surgery that was dared was the surgery of extreme necessity. Pasteur while studying wines showed that fermentation was due to certain small organisms in the air. Lister saw in fermentation a resemblance to putrefaction and soon proved that infection and putrefaction in wounds were like fermentation caused by certain small organisms that had been heretofore regarded as casual and concomitant. Lister's first efforts then were to control the germs in the air, for which he devised the famous carbolic acid spray—now a memory—and an impermeable dressing for wounds called the mackintosh, because it was waterproof. The spray had disappeared before I studied medicine, but the mackintosh was still in the textbooks, and I recall giving a good deal of time to memorizing its layers just prior to an examination. About that time, however, the air as a purveyor of germs to wounds was losing its relative importance and it was being realized that the hands, instruments, dressings, and every other thing that came into contact with the wound were more dangerous. For the purpose of cleansing the hands, bichloride of mercury was in common use and solutions of 1:1000, 1:5000, and even stronger were employed. I recall pouring, at the suggestion of my visiting surgeon, a strong solution of bichloride into the peritoneal cavity in a case of suppurative peritonitis with a result that was so promptly disastrous that I never did it again. In later years I read a story of Ambrose Paré, the John B. Murphy of his time, at the Siege of Milan which recalled my experience. Boiling oil was then the usual method of treating wounds and on one occasion after a battle, the supply of oil falling short, Paré, much to his regret, was compelled to treat some of his poor wounded soldiers with oil of roses and Venice turpentine. He relates that he could not sleep that night, like many another poor surgeon the ages through, so rising early he visited the hospital tents to find that the men without the boiling oil dressing were much more comfortable than those who had been treated *secundem artem*. He never used oil again. Instruments, in my time, were sterilized by soaking them in a solution of carbolic acid, and the catgut for sutures was kept continuously in juniper oil, a process which, while destroying ordinary germs, had little effect on anthrax and the more resistant spores.

Our ideas of germs were then very vague and it was not fully realized by everyone, I doubt if it is fully realized even now, that the germs were *in* the tissues, not sitting on top of their epithelial worlds. Because of this conception, great quantities of antiseptic solution were poured over the field of operation into wound cavities, particularly infected cavities, with much the same idea of mechanical cleansing as that held by the maid who flushes with water the kitchen stairs. In consequence, in many clinics rubber boots and aprons were a part of the surgeon's equipment and the operator who had neither, particularly if he went to a country home to operate, often returned, no matter what his political affiliations, belonging distinctly to the *Wets*. This was truly the age of antiseptic surgery when the aim was to find a solution to kill the germ but spare the patient; a quest which has continued unsuccessfully ever since.

This was succeeded by the *aseptic* period, when the effort was not to destroy the germs so much as to avoid them, and it is in this period that we are operating today; when soap and water and alcohol and iodine and other non-irritating fluids are relied upon to cleanse the field of operation and hands—the latter being protected further by rubber gloves, one of the really great discoveries of surgery—when instruments and dressings are boiled or steamed and sutures are prepared by various methods, but always by specialists. So thorough is surgical asepsis now that very few operative infections occur, and in the opinion of many, efforts in this direction have been carried about as far as it is possible to go. Asepsis, however, does not take care of the infections that occur outside

of the surgical amphitheatre following wounds or disease, and for the treatment of these, new antiseptics are being constantly tested and recommended. There is, thus, to some extent a reversion to the days of antiseptics; but no solution has yet been found that is entirely successful and capable of destroying the germs circulating in the blood—in blood poisoning, etc.

The white blood cells derived from the reticuloendothelial system possess powers of defense and repair so remarkable that our greatest surgeon has said that "the decision to operate in an acute condition may finally rest on a rising white cell count." My colleague, Arthur M. Wright, has demonstrated experimentally that a few drops of blood, that of the patient or the experimental animal, injected into the pleural or peritoneal cavity, will promptly cause a decided rise in these cells, and in a case of osteomyelitis where the cells continually kept going down below the danger point, he was able to increase them by this method, saving his patient. Our knowledge of these remarkable cells also belongs to the era in surgery of which we are speaking.

If modern surgery dates from the discoveries of Pasteur and Lister, the application of their discoveries to the treatment of wounds was made possible by another discovery—that of anæsthesia. No matter what assurance might be given the patient as to freedom from infection and inflammation, there would be few to accept this guarantee unless there could also be offered the solace of unconsciousness. Local anæsthesia, a remarkable addition to the surgeon's resources, is almost entirely a development of this period of surgery. Cocaine—someone has said that so valuable a discovery in medicine only happens once in fifty years—the first of these local anæsthesias, contained poison atoms in its molecule. Analytical chemistry eliminated these atoms, and synthetic chemistry, the wonder field of modern science, has built up a number of drugs similar in action but without the toxic dangers.

In this development of surgery, John B. Murphy took a commanding part. His pioneer work in intestinal surgery and the button he devised for intestinal anastomoses was immensely valuable when our asepsis was so precarious that speed in operation was a factor of greater importance than now. The little instrument, the button, while not now so essential, is still used and useful. Some books are peculiarly long lived, particularly those that record the mental workings of the philosopher and the poet. Many books from the great minds of Greece are as vital today as they were more than two thousand years ago; like the Grecian marbles, they are merely mellowed by the passing of the centuries. Textbooks, on the other hand, and medical books in particular are strikingly ephemeral; but the chapter written by John B. Murphy on appendicitis still adorns American surgical literature. It is lucid, comprehensive, complete, and its reading is strongly recommended to all students of medicine.

In suppurative peritonitis the necessity for prompt opening of the abdomen and drainage for handling the tissues gently and retiring speedily and the subsequent treatment by the Murphy drip (Dr. Murphy had a sense of the dramatic and named his instruments and his maneuvers well) were also most valuable contributions. Surgeons are still grateful to him for that work, for by it he taught them to save the lives of many patients.

When I began the practice of surgery we examined the heart with a stethoscope; boiled the urine for albumin; looked at the sediment through the microscope for casts, and on our experience we estimated the patient's resistance. Today, tests of the blood, the kidneys, the liver, and heart not only render it possible to make much more accurate decisions as to operability, but medicine (and here the terms surgery and medicine are used interchangeably) is recognizing disease in the earlier stages often while it is still curable. Whole libraries have been written on blood and blood chemistry, and yet when I was a student, leucocytosis as a sign of inflammation was only mentioned. It was not until some years later that it was utilized. Based on reliable statistics, the range of operability and curability has been greatly extended in these more than three decades and the end is not yet.

To indulge in prophecy is human and pardonable; to attempt to peer into the future is in some sense a cry for immortality, an immortality which all men hope for and a few achieve. If I might so indulge, and all people of my race lay claim to some degree of second sight, I would predict, first, that our future development lies in co-operative effort, and, second, that it will be in the field of biochemistry or physiochemistry; a distinction between the two cannot be made.

Many examples of co-operative efficiency were furnished during the War. When it became obvious that poison gas was to be of prime importance, the Government called to Washington chemists but soon found that to these must be added pharmacologists and pathologists. These groups working together under one roof and to the same end achieved results in an incredibly short space of time that otherwise might not have been accomplished at all. Nor is it always necessary

for this purpose of co-operation to have the resources of a government. In America, in the Mayo clinic, we have the best example of correlated activity in medicine—a movement which has brought great gain to medicine, directly attributable to the clinic, and has also furnished an example for co-operative effort elsewhere over the whole world. In Liverpool, a group of men working together correlating results with a very meager endowment under which they were able to hire a chemist and a physicist, have discovered or, if not that, have opened a trail that may lead to the discovery of a cure for cancer.

Such co-operative effort extended so as to embrace other countries might offer an explanation as to why 700 surgical beds in Cairo only offer between twenty and thirty cases yearly of appendicitis. The Egyptians have appendices but no appendicitis.

It is one hundred thousand years from the Eoanthropus or dawn man of the marlbeds of Sussex to our time; fifteen to eighteen thousand years separate us from the men of the old stone age; it is only one hundred years from the horse-drawn cannon of Waterloo to the tanks of the Marne; from the Dover mail to the air mail. It is only one hundred hours from Rome to Alaska via the North Pole. Our last rounds up the ladder of civilization and down the Ages are being taken faster and faster and we may be in danger of falling off. Such falls have happened; and if others threaten, the doctor must tell the statesman how to avert them. Trotter has pointed out that with all his science, man, the multicellular complex organism, cannot save himself from the single celled amœba and has added that if steps in this direction are not taken nature may brush man from her work table to make room for another of her tireless experiments. Perhaps this is a gloomy view, the attitude of age, the depression of senility. Pennell, the artist, is reported to have said shortly before his death that women were not so good looking as formerly; and Sylvestre Bonnard, the genial old philosopher of Anatole France, says to the *Avocat* who is complaining of the shortcomings of the younger generation: "Yes, yes. And do you know lately I've noticed my stairs more difficult to climb?"

No! civilization does move and we like to believe that it moves forward, some recent historians to the contrary notwithstanding. The Greeks were great, but in many directions only thinly separated from the savage; and it is true that in 1456 malefactors were boiled in the caldrons of the Swine Market in Paris. Civilization must move; our profession must move, both are dynamic, not static; and change is life. With this in mind let me end on a sentence of Havelock Ellis: "The present is in every age merely the point at which the past and future meet and we can have no quarrel with either. There can be no world without tradition; without life there can be no movement. As Heracleitus said at the beginning of modern philosophy, we can never bathe twice in the same stream but as we now know the stream runs in an unending circle. There is never a moment when the new dawn is not somewhere breaking over the earth and never a moment when the sunset ceases to die; we should greet the new dawn serenely, not hastening toward it with undue speed nor yet leaving without regret the dying light that was once dawn."

Published by
AMERICAN COLLEGE OF SURGEONS
Chicago, Illinois, U. S. A.